BALTIMORE, MARYLAND 21215-0020	ENCIAN: The law requires that the death certificate be executed within alons after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HO "ITAL OF ATTENDING PIESICIAN: The law requires that the death certificate be executed writhin	TO THE FLIVERAL DIH CTOL: Area the certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours. They clearly with State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item was read, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

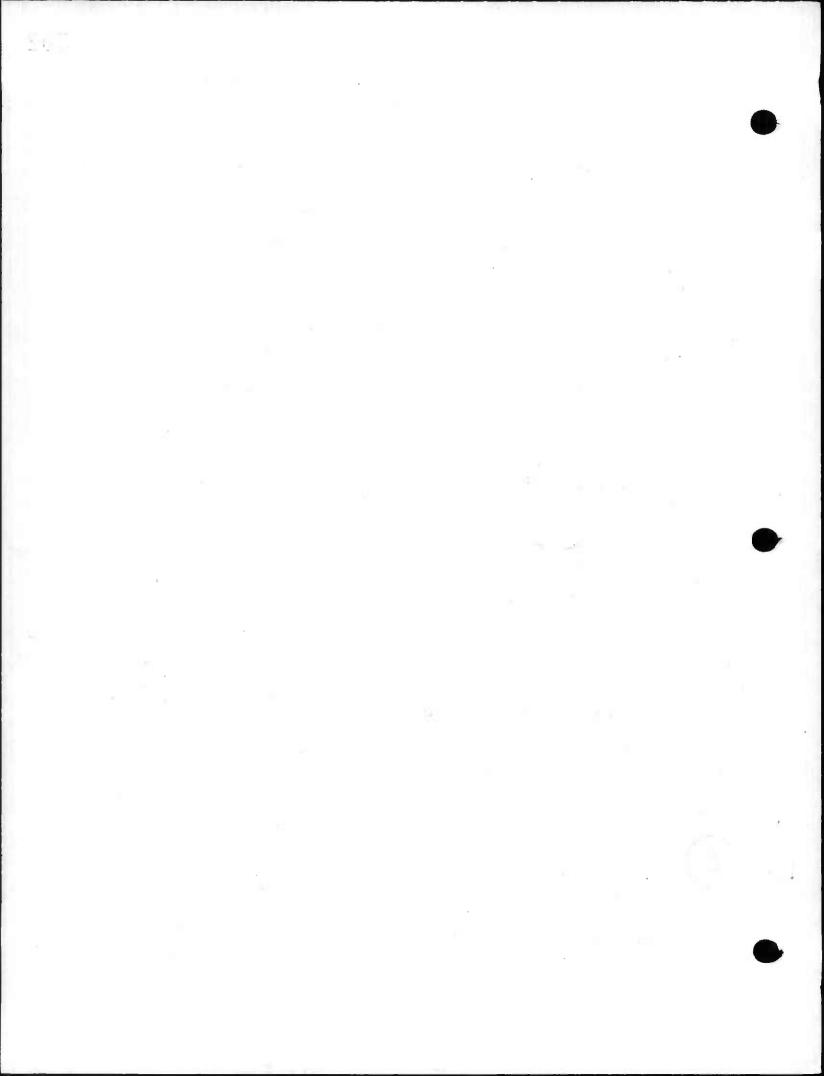
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	).					
	t. DECEDENT'S NAME (First, Middle, Last)	1 1		2. DATE OF DEATH MONTH	AY YEAR	3. TIME OF OEATH				
	JOHN PATRICK KEASEL			JULY 26	1994	13:15 P				
	213-92-7217 1⊠ M 2 □ F		F UNDER 1 YEAR   IF UNDER 24 HOURS   M	March 19	Coun	HPLACE (Stote or Foreign try) aryland				
_	9a. FACILITY NAME (If not institution, give street end number)		b. CITY, TOWN OR LOCATION		9c. COUNTY OF	DEATH				
DIRECTOR	4050 Powder Mill Rd.RM	#126	Calverton		PRINCE	GEORGES				
Ë	10e. SYATE 10b. COUNTY	toc. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?				
	Maryland Carroll		Eldersburg	_		1 YES 2 1 NO				
<u>₹</u>	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
9	6614 Stirrup Court		21	784	United S	States				
	11. MARITAL STATUS  1 Never Merried 2 Married  12. WAS DECEDENT EV FORCES? 1	rES 2 NO	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify Yellexican, Puerto Rican, etc.)	e or No- 14, RAC Black	CE — American Indien, ck, White, etc.				
BY FUNERAL	3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES X	1 □ YES SAN NO		Spe					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. OECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BU	SINESS/INDUSTRY					
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use r	etired.)	Tion	or Store					
COMPLETED	3 years	Night Man	ager 	Liqu	or profe					
ဗ	17. FATHER'S NAME (First, Middle, Last)			'S NAME (First, Middle, Maide)	Surname)					
8	Stanley Keasel		Jili							
2	190. INFORMANT'S NAME (Type/Print)  Mr. and Mrs. Stanley Kease		DRESS (Street and Number or I			170/				
	200. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	Stirrup Court			1784				
	©C Buriel 2 ☐ Cremetion 3 ☐ Removat from State 4 ☐ Donetion 5 ☐ Other (Specify)	cometery, crematory or other	place)		tchtown,					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Scotchtown	22. NAME AND ADDRESS O		cencown,	New TOTK				
	Imas & Over	/	~ .	rs Funeral D						
-1	23. PART I. Enter the diseases, or complications that ce	Switz doub Do not	8728 Libert	y Road Ran	dallstown					
	ahock, or heart fallure. List only one cause of	on each line.	enter the mode of dying,	, such as cardiac or reap	eratory arreat,	Approximata Interval Batwee				
	IMMEDIATE CAUSE (Final disease or condition	et on	1 4	12-10	1 - 5	Onset and Deat				
	resulting in death)	AS A CONSEQUENCE OF:	-Chot - W	2000	head					
_	332.10 (6.1)	A CONSESSE OF S								
<u> </u>	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
3	ti any, leading to immediate Cause. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated events DUE TO (OR	AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST									
	PART II. Other algnificant conditions contributing to dea	th but not resulting in	tha undarlying cause give	on In Part I. 24a. WAS A	AUTOPSY 24	b. WERE AUTOPSY FINDINGS				
DICAL				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ш				— (T) ES	ZAD	OF DEATH?				
Σ	DID TOBACCO USE CONTRIBUTE 1	O CAUSE OF	DEATH YES	NO IT	24	TES 2 NO				
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)	/					
PHYSICIAN:	EXAMINENTY  MOSPITAL:  1   Inpetient 2   ER/		THER:  Nursing Home 5 Reside	ence & XOther (Specify)	OTEL					
Ē	27. MANNER OF DEATH 28a. DATE OF INJU	IRY 28b, TIME C		28d. DESCRIBE HOW	INJURY OCCURED	-00				
2	1 Natural 5 Pending 2 Accident Investigation	26 UNK	M 1 YES 2	· Subject	- SHOT	self				
	3 Suicide 6 Could not be 28e. PLACE OF IN. building, etc.	IURY — At home, farm, stre	et, factory, office	281. LOCATION (Street	end Number or Rural	Route Number				
-	4 Homicide datermined	-		4050 10	WDERMU	1 ROCHINE				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my 6	nowledge, death occurred a	rt the time, data end place, en	d due to the cause(a) end ma	nner as stated.					
S	one) A 2 MEDICAL EXAMINER: On the basis of examin					e) and manner ee stated.				
	296. SIGNATURE AND TITLE OF CENTIFIER		29c, LICENSI			D (Month, Day, Year)				
4				.M.E.	JULY					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, Pri	int)	• F1 • E1 •	LOOPI	27,1994				
		11 Penn S	treet, Bal	timore, Ma	ryland	21201				
- 1	AUG 0 2 1994 Jalia Diucharia	dall								

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DIVISION OF VITAL RECORDS, P.O.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEALTH AND	MENTAL					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATN		3.	TIME OF DEATN	_
	Dorothy Maxi	ne Holland	d Lee								M
	4. SOCIAL SECURITY NUMBER	and the second	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.				. BIRTNPL.	ACE (State or Foreign	
	224-52-9690	1 🗆 M 2 💢 F	_55 YRS.			June		1939		ginia	
<u>«</u>	9e. FACILITY NAME (If not institution, give s		Section   Process   Proc								
<u>E</u>	3911 Parkview Av	enue		Bal.t	imore						_
DIRECTO	10a. STATE 10b. COUNT	1	10c. CIT	Y, TOWN OR LOCA	TION				10		
	Maryland			Baltimor	e		REG. NO.  ATE OF DEATN MTH  ILY 30, 1994  WEAR 3. TIME OF DEATN  ATE OF BIRTN  Ordh, Day, Vear)  IT OF DEATN  IT OF				
FUNERAL	10e. STREET AND NUMBER			10	1. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?	
NE	3911 Parkview										
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2X NO					s or No — 1	Black, W	American Indian, fhite, etc.	
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	3 2 NO Speci	ffy:				Black	
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b.	KIND OF BUS	SINESS/INDU		Diack	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)	as or working						
COMPL	High School		Но	usekee	per	U	niver	sity o	of Ma	ryland	
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (First, Mi	iddle, Maiden	Sumame)			
BE	John Holland  19a. INFORMANT'S NAME (Type/Print)		405 14411 1110	ADDDT00 (0)							
임	Joseph Lee										
	204. METNOD OF DISPOSITION	20h.									
	1 X Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State ceme	etery, crematory or o	ther place)		1					
	21. SIGNATURE OF FUNERAL SERVICE LIC		OCCI.CWII	22. NAME A	ND ADDRESS OF F	ACILITY NI3	tter '	Funera	1 Ho	mes Inc	_
	▶ glevin	Tarken		Z201	Gwyllis r	gTT2	rarkw	ay	11. 110	mes, Inc	
	23. PART i. Enter the diseases, or o	complications that caused	the death. Do r	Bal.tl	More, Ma	rylan	d ZI	216	ıt.	Approximate	-
	shock, or hasrt fallure.  iMMEDIATE CAUSE (Final	List only one cause on as	ich ilna.	0					,	intarval Between	
	disesse or condition resulting in dasth)	milne	totic	dun	n can	en	enne				
	reading in dailing	DUE TO (OR AS A	CONSEQUENCE OF	F):	0						
N	Sequentially list conditions,	b									
CATIO	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):							
Ē	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	F):							_
E	resulting in dasth) LAST	4		,						ĺ	
CE	DART II Other elevidions and district	o.							_		
₹ I	PART II. Other significant condition	s contributing to death bu	it not resulting	In the undariyin	g cause given in	Part i.			AM	AILABLE PRIOR TO	\$
EDIC	-					-	1 TYES 2	□ NO			
Σ	DID TORACCO LISE	CONTRIBUTE TO	CAUSE O	E DEATH	VEC CO N				1	YES 2 NO	
IAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O				1				_
PHYSICI	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe	itlant 3 DOA	OTHER:							_
¥	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	URY AT	T		NJURY OCCU	RED		_
BY I	1 Netural 5 Pending Investigation	(Monany Day, 70m)									
9	3 Suicida 6 Could not be	28a. PLACE OF INJURY building, etc. (Speci	At home, farm, (	street, tactory, offic		28f. LOCAT	TION (Street a	and Number or	Rural Rout	e Number,	_
6											
1											
100	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation	n, in my opinion, d	leath occured at the	o time, deta a	ind place, an	d due to the	cause(s) ar	nd manner as steted.	
8	96. SIGNATURE AND TITLE OF CERTIFIED	1 4/	11	17	29c. LICENSE NU	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)	
9	Montall	1. Hum	1 101	$\nu$	1179	573	)	1 8	12/9	14	
	711 W. 40th St.	Surte 40	o The	Kertuna	la	Ba	Hina	ere /	MD	2/2//	
	AUG 02 1994	AZ REGISTRARIOSIGNA	TURE L.								
1 1	400 0 0 1334 J		-								



FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF DI	EATH DAY		WEAR	3. TIME OF DEATH
	JEAN	LEV	IN							JULY	23,	199	YEAR	9:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last					IF UNDER 1	t YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH					8. BIRTH	PLACE (State or Foreign	
	216-09-177	70	1 🗌 M 2 💢 F	83	YRS.	MONTHS	DAYS	YS HOURS MIN. MONTH 38y 1680 10				Countr	ν) MD	
	9a. FACILITY NAME (If not in	stitution, give str	eet and number)			9b. CITY, T	OWN 0	R LOCATIO	ON OF DE	ATH		9c. COUR	ITY OF D	EATH
8	6421 BONNI	E BRAE	RD			ELD	ERS	SBURG	3		- 1	CA	RROI	L
DIRECTOR	RESIDENCE OF DEC													
뿐	10a. STATE MD	10b. COUNTY	OT T		10c. CIT	, TOWN OR								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	CARR	<u> </u>			ELDEF	_							1 X YES 2 NO
R	6421 BONNI	ים א ממ ים	DD				10f.	ZIP CODE 217				-		VHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	LE DRAE											SA	
교	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	NO	If y	res, spe	ecify Cubar	n, Maxica	IC ORIGIN? (Spin, Puerto Rican,		or No—	14. RACE Biaci	— American Indian, c, White, stc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE V	AR OR DATES X		1 [	YES	2 XNO	Specify	r.		- 1	Speci	"v: WHITE
	15. DEC	EDENT'S EDUC	ATION			USUAL OCC				16b. KIND	OF BUSI	NESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0	y highest grade c 1-12)	College (1-4 or 5	life	Do NOT us	vork done dui e retired.)	ing mo:	st of working	g					
릴	12		- 1		SA	LES F	EP			AV	ON P	RODU	CTS	
Š	17, FATHER'S NAME (First, M	liddle, Last)						18. MOTH	ER'S NAI	ME (First, Middle,	Maiden S	urname)	-	
BE (	ISAAC	EGGNA'	TZ						SAD1	Œ		LEVI	N	
TO B	19a. INFORMANT'S NAME (7	ype/Print)		- 1						Route Number, Cit			,	51
-	MRS. LOIS	BERMAN			6421	BONNI	E	BRAE	RD,	ELDERS	BURG	, MD	21	784
	20a, METHOD OF DISPOSIT		val from Stata	20b. PLACE	AND DATE O	PER DISPOSITI	ON (Na	me of		1		ATION —		
	4 Donetion 5 D Other	(Specify)		ANS	HE 'NE					/25/94	BA	LTIM	ORE,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE					D ADDRES			СТ	ATC!		
	- Elles	suc	, to	omo	2					W & BRO			MODE	E, MD 21215
	23. PART I. Enter the di	Iseeses, or co	omplications tha	t caused the de	eath. Do n	ot enter th	e mo	de of dyi	ng, auct	as cardiec o	or reapin	etory arr	eat,	Approximate
	ahock, or h		let only one ceu	A						/	/	/		Interval Between Onset and Death
	disease or condition	-		Chr	mi	en	n	Mir	el	reart	me	len		Ollow and Double
	resulting in death)	, a	DUE TO	(OR AS A CONSE	QUENCE OF	D: (	9-				/			
z	a particular and a street			Car	des	my	na	T						
CERTIFICATION	Sequentielly ilat conditi if any, leading to imme-	diate	DUE TO	(OR AS A CONSE	QUENCE OF	): <i>U</i>	0							
2	CAUSE (Disease or Inju													
	that initieted events resulting in deeth) LAS		DUE TO	(OR AS A CONSE	DUENCE OF	7):								
<b>E</b>		d.												
	PART II. Other aignifice	nt conditions	contributing to	death but not i	reculting i	n the unde	rlying	cause g	iven in i	Pert I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICAL	Pac	emil	W, 1								PERFORM	-1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	De	strets 1	nellik	_						_ [''	IES D			OF DEATH?
_ 1	DID TOBACCO U				TH YE	SIN	2 🗆	LINC	FDTAIN					1 TES 2 NO
A	25. WAS CASE REFERRED TO		10012 10 01			H (Check on		0110	EK IZGI	, L				
PHYSICIAN:	EXAMINER?  1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	о Нопч	e 5 🗆 Rei	aldenca	6 Other (Spe	cilv)			
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIME	OF 2	Bc. INJU	URY AT	I	28d. DESCRIBE	-	JURY OCC	URED	
BY P	1 Netural 5	Proding	(Month, D	ay, rear)	INJ		WOI		NO					
	2 Annid-m						- 444		_		_			
- 14	2 Cutata	Investigation	28a. PLACE O	F INJURY — At ho	me, tarm, s	treet, factory	, omca			281. LOCATION	(Street an	d Number	or Rural F	loute Number,
- 14	3 Suicide 8		28s. PLACE O building,	F INJURY — At ho etc. (Specify)	me, tarm, s	treet, factory	, offica			City or Tow	(Street an n, State)	d Number	or Rural F	loute Number,
- 14	3 Suicide 8 4 Homicide	Investigation Could not be datarmined	building,	etc. (Specify)			1200		and dua	City or Tow	n, State)			loute Number,
- 14	3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only 1 CERT	Investigation Could not be determined IFYING PHYSICS	building,	etc. (Specify) my knowledge, de	eth occurre	d at the time	o, deta	and placa,		City or Tow	n, State) and mann	er aa state	ed.	) and manner as stated.
COMPLETED	3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only 1 CERT	Investigation Could not be datarmined  IFYING PHYSICI CAL EXAMINER	building,	etc. (Specify) my knowledge, de	eth occurre	d at the time	o, deta	and placa,	ed at the	City or Tow to the cause(a) time, data and p	end mann	er as state	ed. e cause(a	) and manner as stated.
BE COMPLETED	3 Suicide 8 — 29s. CERTIFIER (Check only one) 2 MEDI	Investigation Could not be datarmined  IFYING PHYSICI CAL EXAMINER	building,	etc. (Specify) my knowledge, de	eth occurre	d at the time	o, deta	and place, eath occurr	ed at the	City or Tow to the cause(a) time, data and p	end mann	er as state	ed. e cause(a	
COMPLETED	3 Suicide 8 — 29s. CERTIFIER (Check only one) 2 MEDI	Could not be datarmined  IFYING PHYSICICAL EXAMINER  OF CENTY ER	iAN: To the best of a:	etc. (Specify)  my knowledge, de  kamination and/or	sth occurre	d at the time	o, deta	and place, eath occurr	ed at the	City or Tow to the cause(a) time, data and p	end mann	er as state	ed. e cause(a	) and manner as stated.
BE COMPLETED	3 Suicide 4 Homicide  29s. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	Could not be determined  IFYING PHYSICI CAL EXAMINER OF CERTIVER	IAN: To the best of a COMPLETED CAUS	my knowledge, de xaminstion and/or	nsth occurre	d at the time	o, deta	and place, eath occurr	ed at the	City or Tow to the cause(a) time, data and p	end mann	er as state	ed. e cause(a	) and manner as stated.
BE COMPLETED	3 Suicide 4 Homicide  29s. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE  30. NAME AND ADDRESS OF	Could not be determined  IFYING PHYSICI CAL EXAMINER OF CERTIVER	iAN: To the best of a:	my knowledge, de xaminstion and/or	nsth occurre	d at the time	o, deta	and place, eath occurr	ed at the	City or Tow to the cause(a) time, data and p	end mann	er as state	ed. e cause(a	) and manner as stated.



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	1G P	ter th	nark
	END	R. Al	100
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up and additional physician and completely filled in by the funeral director, page 5 should be detached for up and update to be a second of the complete to the com	The most state used with the control of them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	TH O	E S	MPO
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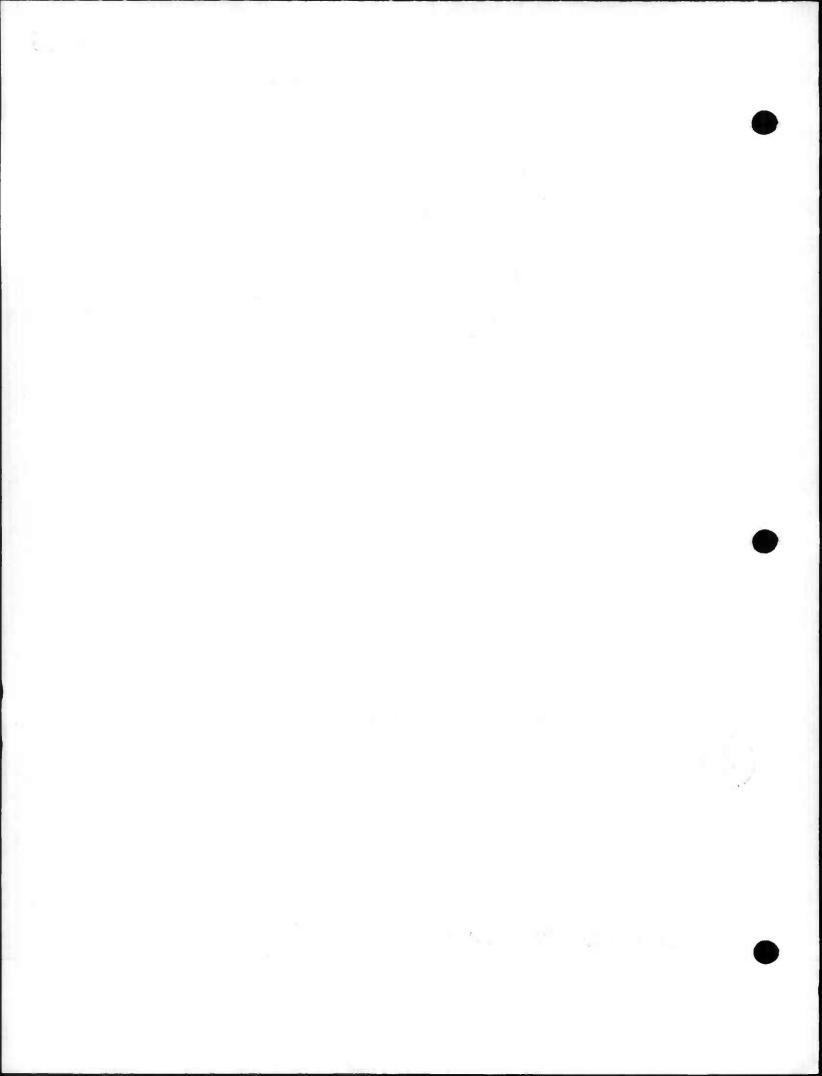
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH	
	GEORGE ANDREW LIV	ICK				O7 2	8 9	7	11 02	
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.1	_	ACE (State or Foreign	
	230-16-1932 12 9e. FACILITY NAME (If not institution, give street	X M 2 F 78	YRS.	NTHS DAYS	HOURS MIN.	5/27/16		/irg	inia	
DIRECTOR	Stella Maris Hos	spice		Tows	on		Ba	lti	more	
REC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10	d. INSIDE CITY LIMITS?	
	-	timore	Pa	arkvill	le			1 [	YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 2301 Pentland Dr.	Doublessi 11 a	MD	101	. ZIP CODE		10g. CITIZEN		T COUNTRY?	
NE		PALKVIIIE,			21234		Ĺ	JSA		
	1 Never Married 2 Married	FORCES? 1 NES 2	R	If yes, sp	ecify Cuban, Maxican			Black, W	American Indian, hite, atc.	
В	3 XWidowed 4 Divorced		s TT	1 L YES	2 X NO Specify:			Specify:	White	
	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 16	a. DECEDENT'S USI	JAL OCCUPATIO	ON at at working	166. KIND OF BUS	INESS/INDUST	RY		
COMPLETED		college (1-4 or 5+)	(Give kind of work life. Do NOT use re	and a						
MP	6th Grade		Roter S	Shearma	an	Spari	cows Po	int		
	17. FATNER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden	Sumame)			
8	Richard Livick  19a. INFORMANT'S NAME (Type/Print)		No.			nce Craig				
2	Dorothy Abraham					Oute Number, City or Town			1122	
	20a. METHOD OF DISPOSITION	200 01	ACE AND DATE OF D			Randallsto	CATION - CHY		1133	
	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State cemeter	y, cremetory or other	plece)						
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ckwood Ce	22. NAME AN	ID ADDRESS OF FAC	/1/94 Ba]	Limore	Ma Ma	aryland	
	PA+	AL	2	1	son Funer		_			
	23. PART i. Enter the diseasea, or com	polications that caused the	2000	8521	Locn Rav	en Blvd.	Towsor	ı, MI		
	Shock, or heart failure. List	only one ceuse on each	ine.	anter the mo	ae ot aying, auch	aa cardiac or reapi	retory arrest,		Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  LUNG CANCER									
	reaulting in daeth) a	DUE TO (OR AS A CO		1					>3mos	
_	to the state of th									
2	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury									
띮	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):							
H	d									
AL C	PART ii. Other aignificent conditions co	ontributing to death but	not resulting in the	he underlying	ceuse given in F	Part I. 24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
	BRAIN META	STASES				PERFOR		co	MILABLE PRIOR TO IMPLETION OF CAUSE	
밀						1 🗆 YES 2	Z, o		DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CO	NTRIBUTE TO CA	AUSE OF D	EATH Y	ES NO		1		10 1	
₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATN (Chec	ck only one)				
VSI		OSP1TAL: Inpetient 2 ER/Outpetie	ent 3 DOA 4 [	THER:  Nursing Nom	e 5 Realdence 6	X Other (Specify)	Hospic	2		
PH	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		URY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURE	D		
B	Natural 5 Pending  2/ Accident Investigation				ES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide determined	28a, PLACE OF INJURY — building, atc. (Specify)	A1 home, farm, stree	1, factory, office	·	281. LOCATION (Street e City or Town, State)	nd Number or A	ural Route	Number,	
Ti.										
릊	(Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledg	ga, death occurred at	the time, data	and place, and due 1	to the cause(s) and man	ner as stated.			
COMPLETED	Z MEOICAL EXAMINER: 0	In the basie of aximination en	id/or investigation, in	n my opinion, d	eath occured at the t	ime, data and place, and	d due to the ce	use(a) an	d manner as stated.	
BE	296, SIGNATURE AND TITLE OF CERTIFIER	20.010	. ~		29c. LICENSE NUM	BER	29d. DATE SK	NED (Mo	orith, Day, Year)	
2	TO MULL IST	allkall	MY		0000	13	1/9	0/9	4	
	DR KENDATT R EAT									
	DR. KENDALL R. FAT	TRUER, MD	ZSUU DUL	ANEY VA	ALLEY RD.	, TOWSON,	MD 21	1204		
	AUG U 2 1994 / / /	D. ACTION ASSESSMENT OF THE PROPERTY OF								

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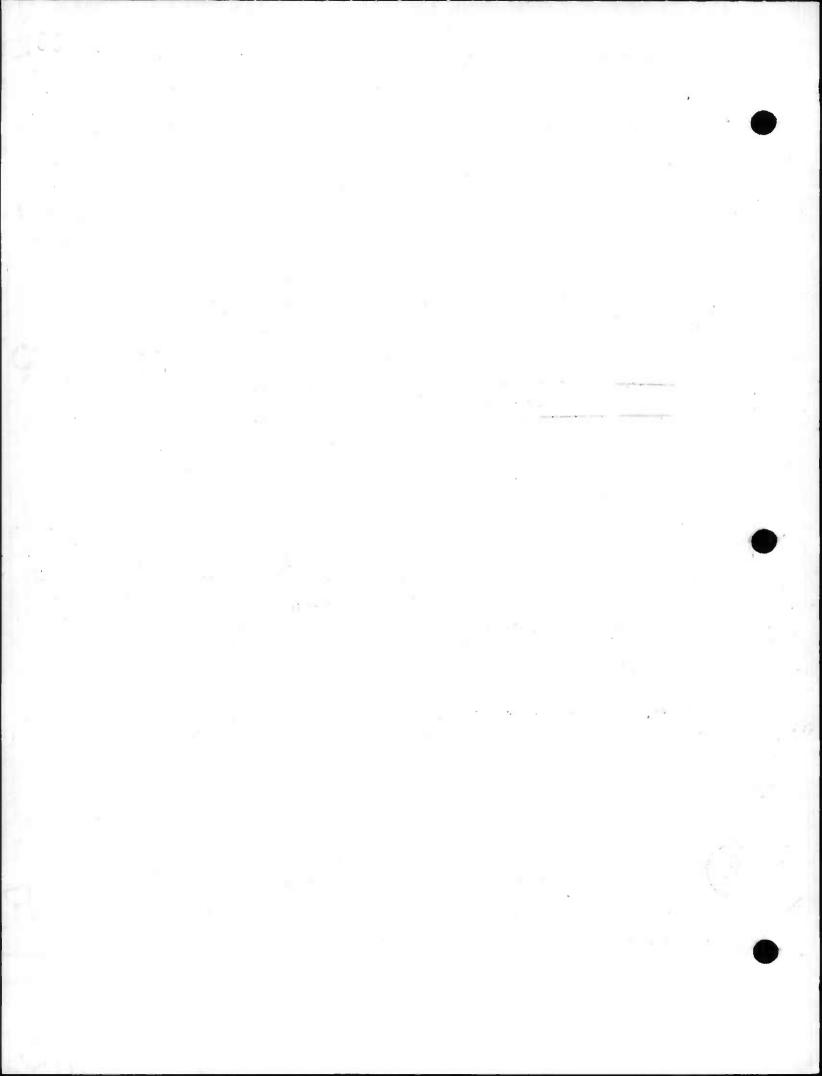
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGII			
		1. DECEDENT'S NAME (First, Middle, Last) William John	List				2. DATE OF DEATH	28 9	EAR	TIME OF DEATH
pino		4. SOCIAL SECURITY NUMBER  219-20-6132  98. FACILITY NAME (# not institution, give st	1 X M 2 🗆 F	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year, Sept. 28	8.	BIRTNPL/ Country)	vland
1, 2, 3 should	TOR	6407 Everall Ave	Apt. S2		Balto			30.00011	OF BEAT	
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY  Maryland  10a. STREET AND NUMBER			y, town on locat Balto Ci	i t.v			11	d. INSIDE CITY LIMITS? YES 2 NO
tan. transit	FUNERAL	6407 Everall Av	e Apt S2	ALLI C ADMED		. ZIP CODE 212			II.S.	T COUNTRY?
215-0020 attending physician ise as the burial-tra	ΒY	1 Never Married 2 Married 3 Widowed 4 X Divorced	FORCES? 1 YES	2 XNO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, atc.) y:		Specify:	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the bunal-transit at once.	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		160. DECEDENT'S (Give kind of life. Do NOT u  Steel V		ON st of working		Business/Indus	TRY	
YLAND 2 by the hospital be detached to at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last) George List		30001	TOT KET	17.1	ME (First, Middle, Maid			
be retained ge 5 should e notified	TO BE	190. INFORMANT'S NAME (Type/Print)  James Hagerty				nd Number or Rural	House Number, City or Westminst	Town, State, Zip Co		58
ALTIMORE, death. Page 6 may be funeral director, page		20s. METHOD OF DISPOSITION 1   Burlet 2   Cremation 3   Remote 4   Donation 5   Other (Specify)	oval from State con		of disposition (Ne Per Cetheter	y 7/30/9	94 B	alto. Mo		State
		21. SIGNATURE OF FUNERAL SERVICE LICE  Malf ( Sch	alw Sh.		5305 H	Harford 1		14		
hours tely filled in mation, or re		23. PART I. Enter the diseases, or canock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	i	A SCV	D	de of dylng, suc	th as cardiac or re	spiratory arrest	i,	Approximate interval Between Onset and Death
executed with and completely o bunial, cremati matic event, ti	NO	Sequentially list conditions,	/	TNA CONSEQUENCE OF						
Phy licat	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	A	ATRIAL FIBRILLATION  DUE TO (OR AS A CONSEQUENCE OF):						
e Hend		resulting in death) LAST	1.							
ORI that the	MEDICAL	PART ii. Other algnificant condition	contributing to death b	out not resulting	in the underlying	cause given in	PERI	AN AUTOPSY FORMED?	CO OF	RE AUTOPSY FINDINGS ARABLE PRIOR TO MPLETION OF CAUSE DEATH?
Z3 tept	AN:	DID TOBACCO USE (	CONTRIBUTE TO	CAUSE OF		YES NO			1 (	YES 2 NO
A STATE OF	SICI	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA	OTHER: 4 Nursing Hom	11	6 Other (Specily)			
A Ce Pic Pic Pic Ce Pic Pic		27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TiN	JURY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE NO	W INJURY OCCUR	IED	
DIVISION DR ATTENDING DIRECTOR: After hours after dem item 28 is man	6	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spe	f — Al home, term, clfy)	street, lactory, offici		261. LOCATION (Sine City or Town, St	et and Number or ate)	Rurel Route	e Number,
	COMPLET	one) 2 MEDICAL EXAMINE	CIAN: To the best of my known: R: On the beals of examination							d manner as stated,
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	ale m	1.0		D 400	-	≥ 9d. DATE S	GHED (MC	7/94
4			RSHALL	200		ELL	57.	BALTI	hol	R E
		AUG 0 1 1994 July	22. REGISTRARY SIGN	ATURE			,			



BALTIMORE, MARYLAND 21215-0020	III PREVISED A RITENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-trans
00	with	pletely fill
6876	executed	and com
ВОХ	cate be	physician
DIVISION OF VITAL RECORDS, P.O. BOX 68760	eath certif	ttending
RDS	at the de	by the
ECO	quires th	in signed
AL H	he law re	has bee
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART			MENTAL	HYGIENE REG. NO.				
10000	1. DECEDENT'S NAME (First, Middle, Last	Marian	-			2. DATE O		199			
3	4. SOCIAL SECURITY NUMBER 016-40-2752	1 - M 2 - F 8	TO YES.	F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jul	y 24,	1909 °	Medford N		
TOR	St. Agnes Hos			Baltin	nore	DEATH		9c. COUNTY (	OF DEATH		
DIRECTOR	Maryland 106. COUN	ІТУ		imore	TION		10d. INSIDE CITY LIMITS? 1 □ YES 2 □XM				
FUNERAL	100. STREET AND NUMBER 5106 Fredwall	l Avenue		10	21207			10g. CITIZEN USA	OF WHAT COUNTRY?		
TO BE COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	CENDENT OF HISP ecify Cuban, Maxi 2 NO Spec	cen, Puerto Ri		RACE — American Indian, Black, White, etc. Specify: Black			
	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)  (Give kind of work done during most of working  Mit. Do NOT use relired.)						BUSINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)  Robert GEORGE	FRANKLIN	AME (First, M	iddle, Meiden Si Carte	mame)	Office					
	196. INFORMANT'S NAME (Type/Print) GERTRUDE ROSE Robert Mitchem  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5106 Fredwall. Avenue Baltimore, MD. 21207										
	20e. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata cemete	LACE AND DATE OF ery, cremetory or othe	er place) Woo	odlawn		94 Woo	od 1.aw			
	21. SIGNATURE OF FUNEBAL SERVICE	Jarken		[ 250]	of Address of a Gwynn cimore,	Fall	ls PK	Y . :	eral Inc.		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Approximate interval Betwee Onset and Deat 7.26.90  DUE TO (OR AS A CONSEQUENCE OF):  Abd command Mark Server Deverse Developed 7.27.90  DUE TO (OR AS A CONSEQUENCE OF):  AC. renal faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. renal faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. renal faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. renal faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. renal faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. renal faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hot Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):  AC. Peral faulure Hypersoning  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL		na contributing to death but not resulting in the underlying cause given i					24a. WAS AN AI PERFORM t YES 2	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
PHYSICIAN:	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. P	ACE OF DEATH (						
- 1	27. MANNER OF DEATH  1 X Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c, IN.	URY AT DRK?	_	(Specify)	URY OCCURE	D		
ETED BY	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	284 PLACE OF IN HIRV	At home, farm, str	eet, factory, offic	•	26f. LOCA City o	TION (Street and r Town, State)	d Number or Ri	ural Route Number,		
OMPLE	and)	/SICIAN: To the bast of my knowled NER: On the basis of examination a							use(a) and manner as stated		
2	29b. SIGNATURE AND TITLE OF CERTIF	A. ause	sli_		29c. LICENSE N	UMBER 47	3		NED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON V SAH 900 COLLOW		It im		MD	2	229				
	31. DATE FILED (Month, Day, Year) AUG () 2. 1994	32. REGISTRAR'S SIGNAT		-							



use as the burial-transit permit. Pages 1, 2, 3 should

pital o	No for	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the property of the pospital or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (med in by the funeral director, page 5 should be detached for fine with 72 hours after death with the State Deut, of Health and Mental Hopiene prior to burial, cremation, or removal.	INDERTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	ICATE	OF	DEAT	Н	REG. NO.		3. TIME OF DEATH
	Susie Anna	a McCau	ley						07 27	94	10 P M
	240 00 0550	5. SEX	8. AGE (In yrs. I	YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street			THS.	9h CITY	TOWN C	R LOCATIO	ON OF DE	01 09 99	Se COUNT	Md.
E E	Heritage Nursin					unda				A STATE OF S	Baltimore
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c CD	ry, town (	OR LOCAT	TON				10d. INSIDE CITY
	Md.			100.01		timo					LIMITS?
	10e. BTREET AND NUMBER					_	. ZIP CODI	E	2 16	10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	427 Elrino Stre						2122			USA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	- 153	If yes, sp			IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:	or No—	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementary/Secondery (0-12)	TION impleted) College (1-4 or 5+		DECEDENT'S (Give kind of life. Do NOT of	work done use retired.)	NUAL OCCUPATION 19b. KIND OF BU				Home	STRY
	17. FATHER'S NAME (First, Middle, Lest) Henry Dannenfels	er					18. MOTHER'S NAME (First, Middle, Maiden Surrame) Frances Spiegel				
TO BE	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  417 Elrino Street Balto., Md. 21224								code)		
	20s. METHOD OF DISPOSITION 1 Spuries 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place) 20c. LOCATION — City or Town, State										
	4 ☐ Denetion S ☐ Other (Specify) Baltimore National Cem. 8—1—94 Balto. Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY							Md.			
	I Charles D. Zeile				Charles S.Zeiler & Son Inc 6224 Eastern Ave. Balto.,Md.						
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ULN	LOPE	ARY	E	HRH	EST		Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  s. CARDIO PUL MORARY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  END STAGE CHRONIC LUNG DISEASE										
ION	Sequentially list conditions, if any, lasding to immediate		(OR AS A CONS	SEQUENCE (	OF):	10010		-47	14 1136	Hac	
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	EN	PHYS	E MA	7						
CERTIFICATION	that initiated events resulting in death) LAST	ATHE	ROSCI	LERO	TIL	CF	HRDI	OU	ASCULAR	Disé	ASE
PHYSICIAN: MEDICAL	PART II. Other significant conditions  DEMEN		death but no	et resulting	In the u	ndariyin	g cause :	given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (C)	neck only one)		
SIC		HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 R	esidence	S - Other (Specify)		
E	27. MANNER OF DEATH  1 Return 5 Pending Investigation	28a, DATE OF (Month, D		29b. Ti	ME OF	W	JURY AT ORK? YES 2 [	] NO	28d, OEŞCRIBE HOW	NJURY OCC	JRED
	2 Accident 3 Suicide S Could not be determined  28e. PLACE OF INJURY — At home, 1erm, street, fa building, atc. (Specify)				et, factory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			or Rural Route Number,			
В	Codia not be	building,									
В	4 Homicide determined  29e. CERTIFIER (Check only)	IAN: To the best of									d. cause(e) end manner as stated.
	4 Homicide determined  29e. CERTIFIER (Check only)	IAN: To the best of	xamination and/				29c. LIC	red at the	e time, date and place, er	nd due to the	

CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)							
YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3 □ DOA 4 □ N	EB Grsing Home 5 🗆 Residen	ce S C Other (Spec				
NEB OF DEATH	28a, DATE OF INJURY	29b. TIME OF	28c, INJURY AT	28d. OEŞCRIBE				

29s. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination end/or investigation in my opinion, death occurred at the time, date and place and due to the c

SAVINDER 2 MARILET DUMD ALK MD 21222 JULICA

31. DATE FILED (Month, Day, Year) ALIG 0 2 1994

	ACTINIONS PHYSICIAN: The law requires that the death certificate be executed within Liftons after death. Page 6 may be retained by the hospital or attending physician.	PERIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2. 3 should	
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_	FOR 1 - STATE REGISTRAR	STATE OF MAKYL			F HEALTH AND OF DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Ba	by Boy McClu	ng			2. DATE OF DEATH	¶"/94 "	3. TIME OF DEATH 3:55 A		
	4. SOCIAL SECURITY NUMBER	<b>№</b> M 2 🗆 F	(In yrs. lest birthday) YRS.	MONTHS DA	AR IF UNDER 24 HRS. IVS HOURS MIN. 30	7. DATE OF BIRTH (Month, Day, Year) 7 - 24 - 19		BIRTHPLACE (State or Foreign Country) ARYLAND		
CTOR	90. FACILITY NAME (If not institution, give a GREATER BALTO.  FIESIDENCE OF DECEDENT		ENTER	TOWS	WN OR LOCATION OF DI	EATH	90. COUNTY BALT	OF DEATH  IMORE		
DIRE	MARYLAND BAL'	Y FIMORE		Y, TOWN OR L ATONS	VILLE			10d. INSIDE CITY LIMITS? 1  YES 2 NO		
FUNERAL	30 ENJAY AVE.			•	101. ZIP CODE 212	28	1.5	S . A .		
BY FUR	II 1 NZ Itara marian 2   marian	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 DENO	If ye	DECENDENT OF HISPAN a, specify Cuben, Mexica YES 2 NO Specifi	n, Puerto Rican, etc.)	n or No 14.	RACE — American Indien, Black, White, atc. Specify: WHITE		
PLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION g most of working	16b. KIND OF BU	SINESS/INDUST			
COMPL						ME (First, Middle, Meiden				
BE (		ž	19b. MAILING	ADDRESS (St	SHIRL.	ANN MCCL		dal		
De notified TO BI	G.B.M.C. PATHO	DLOGY						MD. 21204		
examiner must b	20a. METHOD OF DISPOSITION 1		PLACE AND DATE	OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State DUNT CREMATORY 7/94 BALTO., MD.						
e e	21. SIGNATURE OF FUNERAL SERVICE LIC			22, NAN	RY W. JE	CILITY				
ai exa	William 1	C. lave		4905 YORK RD. BALTO., MD. 21212.						
medicai	ahock, or heart fallure.	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final								
vent, the	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Pulmonar	Y HYPOPI	asia F):			gestat	ional period		
ry, or other traumatic event, CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	Chondrog	F):			gestat	ional period		
	resulting in death) LAST	d								
shows any injury, : MEDICAL CE	PART II. Other algnificent condition	a contributing to death b	out not reaulting	in tha under	lying ceuse given in	Part I. 24e. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 XYES 2 NO		
23 s	25. WAS CASE REFERRED TO MEDICAL									
r item 23 s	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	6. PLACE OF DEATH (Ch					
rked, or	27. MANNER OF OEATH  1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c	INJURY AT WORK?	28d. OESCRIBE HOW I	NJURY OCCUR	ED		
E 200	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 1 Homicide Suicide 1 Homicide Homicide determined 1 Homicide Suicide 1 Homicide Homicide Suicide 1 Homicide Suicide 1 Homicide Suicide 1 Homicide Suicide 1 Homicide Suicide Suicid						and Number or F	turel Route Number,		
Z8 is TED	Tomoros Solutions									
IMPORTATE IF Item 28 is m. O BE COMPLETED BY	290. CERTIFIER (Check only 1 X) CERTIFYING PHYSI	CIAN: To the best of my know						use(e) end manner ee stated		

Beth R. Schwartz, M. D. Greater Baltimore Medical Center

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	WILLIAM E. N	MEAGHER				8 - 1 -			
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign	
	214-01-3811	M 2 □ F	73 YRS.	ONTHS DAYS	HOURS MIN.	8-8-1920		ď.	
	9e. FACILITY NAME (If not institution, give street	,		b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH	
5	8911 Millers I	sland Blv	d.	Edge	mere		Balt	imore	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ON			10d. INSIDE CITY	
DIA	Md. Balt	imore		Edgem	ere			LIMITS?	
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	8911 Millers I	sland Blv	d.		21219	9	USA		
2		2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECI	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	r No — 14. RAC	E — Americen Indian, ck, White, etc.	
BY	1 Never Merried 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DA			2 X NO Specify			c#y:White	
	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S US	I CCLIPATIO	N	16b. KIND OF BUSIN			
ETE	(Specify only highest grade corr Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of wor	k done during mos retired.)	t of working	Too. Kind of Boom	IE35/INDOSTRT	17.59	
ם	6	70.10ge (1-4 01 0 +)	Mainte	nance		Manufa	cturir	ıα	
COMPLETED	17. FATHER'S NAME (First, Middle, List)				18. MOTHER'S NAI	ME (First, Middle, Meiden Su			
BE (	Thomas Meagher	<u> </u>				e Carter			
2	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Town,			
	Annie Meagher				nd Ave.			De 19804	
	2(a, METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State 20b.	PLACE AND DATE OF other control of the exercise Cathern Cather	DISPOSITION (Nei	ne of	DATE 20c. LOCA	ATION — City or T		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ew Catili		D ADDRESS OF FAC		ltimor	e, Ma	
	DC 0+ 0-	01		Conn	elly Fu	neral Hor	ne of	Dunda1k	
_	23/PART I. Enter the diseeses, or com	nnecci	had ath David	7110	Soller	s Pt Rd	Dunda		
	shock, or heart fallure. List	t only one cause on sa	ch line.	sinter the mod	ie or aying, sucr	n as cardiac or reapira	tory errest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition							Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):							mmed	
z	disease or condition and central despiratory Depression Junel  Due to (OR AS A CONSEQUENCE OF):  Desseminated non small cell Careinonia 6 mos								
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
길	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):						
Ē	that initiated events resulting in deeth) LAST	50E 10 (6N A3 A	CONSECUENCE OF).					i	
	0							+	
AL	PART II. Other significent conditions of	ontributing to death bu	it not resulting in	the underlying	ceuse given in i	Part I. 24s. WAS AN AL PERFORM		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC						1 □ YES 2	NO	OMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CO	NITDIDLITE TO	CALICE OF I	SEATH VI	:c 🗆 NO	_		1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	NIKIBUTE TO	LAUSE OF I		S NO				
SICI	EXAMINER?	IOSPITAL:		THER:					
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME (	OF 28c. INJU		28d. DESCRIBE HOW INJ	URY OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO				
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specif	- Al home, farm, stre	et, factory, office		281. LOCATION (Street end City or Town, State)	d Number or Rural	Route Number,	
	4 Homicide determined								
COMPLET	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN								
S	2 MEDICAL EXAMINER: 0	On the basis of examination	and/or investigation,	In my opinion, de			due to the cause	(e) end manner ee stated.	
3	296. SIGNAPORY AND TITLE OF CERTIFIER	100			294 LICENSE NUM	IBER :	29d. DATE SIGNE	D (Month, Day, Year)	
を	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALLES OF CO.	TH STEP OR ST.	riat)	00 73	00	X - [	-74	
İ	TA I TTISTON	) MA h	0/2 0/	1 110	4. Pol	BALTO	MA	2/22	
	31. DATE FILED (Month, Day, Year)	32. RESISTRANIS SIGNA	TURE O		, Con	ONETO	. 1100	MANA	
	8-AUGD 2 1994	gate so wale	ar Ravial	The state of					

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3. TIME OF DEATH

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FOR STATE REGISTRAR

SHEILA

1. DECEDENT'S NAME (First Middle Leet)

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INVISION OF VITAL RECORDS,	MALO DENOTORIAN The last consider the dans to seek he seek he seeks
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	PODITAL OCULTURE

2. DATE OF DEATH MONTH JULY <sup>04</sup>30, 1994 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 TX F 212-58-5428 4/24/1951 BALTO 9a. FACILITY NAME (If not institution, give street and number; 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RECTOR Pages 1, 2, 3 THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT BALTIMORE CITY 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY ā MARYLAND BALTIMORE 1 YES 2 NO for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4728 THREE OAKS ROAD 21208 USA the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) OGDEN ALLIED Flamentary/Secondary (0-12) College (1-4 or 5+) etained by the hospital should be detached for Cook 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CLIFTON CHAMBERS 7 EDNA THOMAS BE retained t notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s FRANK MEGGINSON Nurs after death, Page 6 may be re in by the funeral director, page 5 r removal. 4728 THREE OAKS ROAD BALTO., MD 21208 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 XBurial 2 Cremation 3 Ram
4 Donation 3 Other (Specify) must KING MEMORIAL PARK 8/4 RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE examiner 22. NAME AND ADDRESS OF FACILIT LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PATT\_Leter the diseases or complications that ceused the des anock, or heart allure. List only one ceuse on each line. medicai in by tha death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximata filled IMMEDIATE CAUSE (Finel Oneat and Death cremation, the disease or condition\_\_\_ Polyar teritis
DUB TO (OR AS A CONSEQUENCE OF) Nodosum npletely reaulting in death) 18 months event, and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) 2 Hygiene pri if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events affending resulting in death) LAST 0 the atten Mental I injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and a AVAILABLE PRIOR TO COMPLETION OF CAUSE any Hepatitis Signed by Health a 1 TES 2 NO OF DEATH? Shows 1 YES 2 NO of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \precedef{Delta} \) NO \( \precedef{Delta} \) PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: 1 YES 2 NO 4 🗌 Nursing Home 5 🗆 Rasidenca 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending Investigation м 1 YES 2 NO BY After 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, alc. (Specify) 3 Suicida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) S 8 Could not be COMPLETED DIRECTOR: hours after 28 4 Homicide tem 29a. CERTIFIER

(Chack only Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE PUNERATION THE FUNERATION THE FILE WITHIN 72 IMPORTANT; IT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 器 7-31-96 Horton 4753 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Maureca R. Horston M.D. 600 N. Wolf Baltimore mo 21205 110 tower 31. DATE FILED (Month, Day, Vear) AUG 0 2 1994 32. REGISTRAB'S STRATURE DHMH. I FREE TON

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MEGGINSON

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

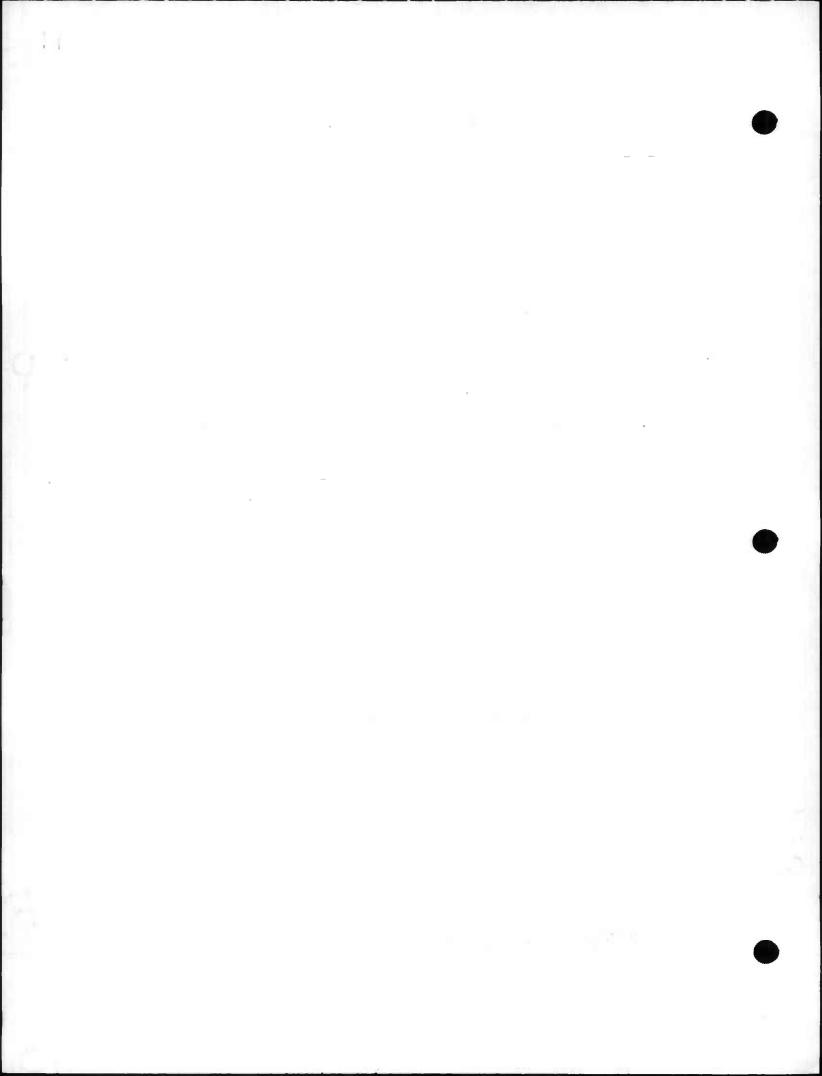
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

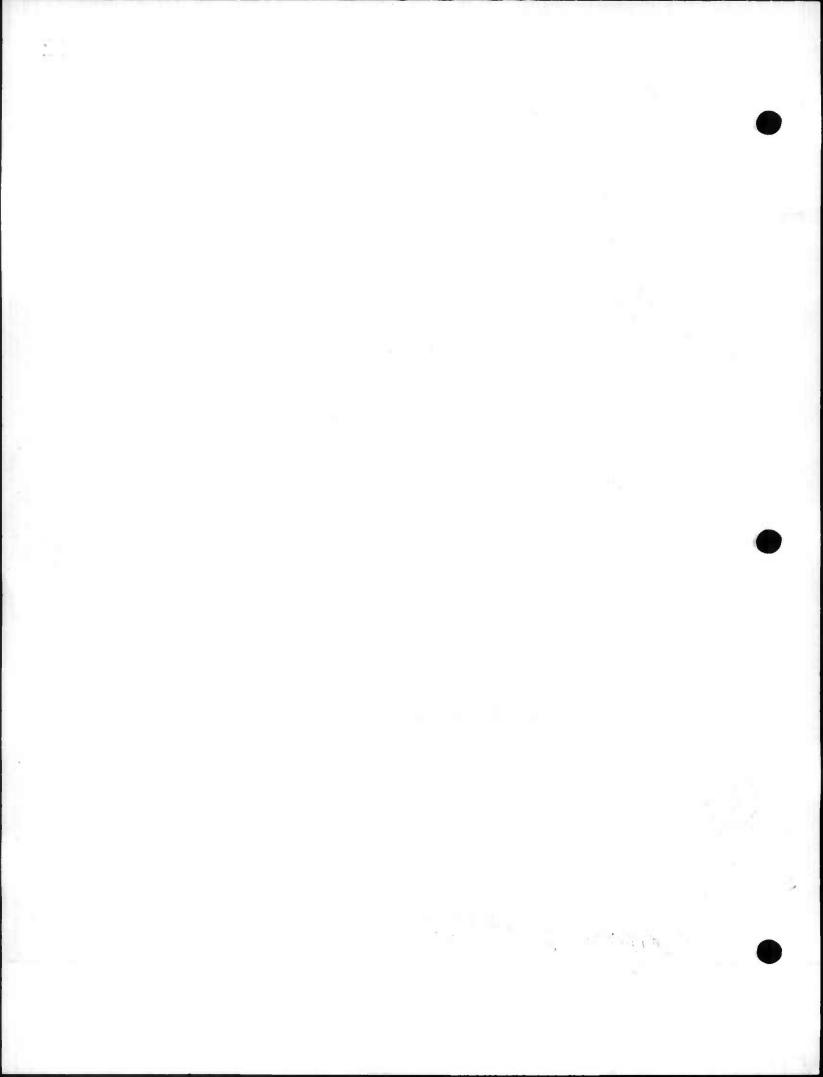
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.			
1	DECEDENT'S NAME (First, Middle, Last)	Walter Fran			2. DATE OF DEATH MONTH DAY JULY 31.	1994	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218⇔22⇔5598	1 XX 2 = F		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04/24/1927	8. BIRTH Countr	PLACE (State or Foreign LYLAND	
TOR	98. FACILITY NAME (If not institution, give st 8150 BULLNECK RO RESIDENCE OF DECEDENT		9b.	Dundalk	DEATH 9c.	Balti		
DIRECTOR	10a. STATE 10b. COUNTY  Maryland	Baltimore	10c. CITY, TO	WN OR LOCATION  DUNC	lalk		10d. INSIDE CITY LIMITS? 1  YES 2 X NO	
FUNERAL	8150 Bullneck Ro	ad		101. ZIP CODE			MAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DO THE YES.	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi- 1 TES 2/12 NO Specify			— American Indian, c, White, etc.	
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION	life. Do NOT use rel	done during most of working ired.)	16b, KIND OF BUSINES			
COMPLET	12th Grade.  17. FATHER'S NAME (First, Middle, Last)		Toolma		Bethleher  IAME (First, Middle, Meiden Surre		Corp.	
шl	Walter Francis M	lenear. Sr.		1000000	i Clemsic		17	
0	19a. INFORMANT'S NAME (Type/Print)			PRESS (Street and Number or Rura	I Route Number, City or Town, Sta			
	Mrs. Pauline Men		PLACE AND DATE OF D	ulneck Road		yland ON - City or To	21222	
	1 X Buriel 2 Cremation 3 Remo	oval from State	etery, crematory or other	norial Gdns 8/	13/94 Rol		laryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Text TVOC MO	22. NAME AND ADDRESS OF F	ACILITY			
	Door +	Couch	en		ineral Home o ve. Dundalk.			
	23. PART I. Enter the diseases, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition	list only one cause on a	ach lina.	enter the mode of dying, su	ch aa cerdiec or respirator	ry arreat,	Approximate interval Between Onset and Death	
	disease or condition resulting in death)  a. Multiple Myellma, lnd Stage  DUE TO (OR AS A CONSEQUENCE OF):							
HILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
CERTIFI	CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):							
AL.	PART II. Other significant conditions	contributing to death b	ut not reaulting in th	e undariying cause givan i	PERFORMED	2	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
: MEDIC	DID TODACCO LICE C	CONTRIBUTE TO			1   YES 2   44	10	OF DEATH? 1 YES 2 NO	
SICIAN:	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	28. PLACE OF DEATH (C				
È	1 TYES 2 PNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3 DOA 4 DOA 4 D	Nursing Home 5 Alesidence	8 Other (Specify) 28d, DESCRIBE HOW INJUR	Y OCCURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?  1 YE8 2 NO		. GOOGHED		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, stc. (Spec	— At home, lerm, stree	t, factory, offica	281. LOCATION (Street and N City or Town, State)	umber or Rural F	loute Number,	
COMPLE				the time, date and place, and do my opinion, death occured at if			) and manner as stated.	
in a	296. SIGNATURE AND TITLE OF CERTIFIER	traves, de	. D.	29c. LICENSE N	JMBER 29d	DATE SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRES OF RERSON WHO	BURY del.	HOPKINS		, BALT., 1	40.21	224	
	31. DATE FILED (MONTH, DOV. 1001) July AUG 1994 July	22. REGISTRAR'S SIGN	ATURE LL					



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR TO THE FUNERAL DVECTE DE filed within 72 halfs a IMPORTANT. If 116th 2

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	J. MUHL	y Jr.				ev year 28. 1994		P <sub>M</sub>
	4. SOCIAL SECURITY NUMBER 212-20-5390	5. SEX 1 M 2 F 69	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0. BIF	TTHPLACE (State or Foreignity) aryland	gn
OR	90. FACILITY NAME (II not institution, give s THE JOHNS HOPKIN	vs HOSPITAL	-		ORE CITY	ATH	9c. COUNTY OF	F DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  Maryland	,	10c. CIT	y, town or located to . Ci	tv.Md.			10d. INSIDE CITY LIMITS?	干
	10e. STREET AND NUMBER	B Maudlin A			ZIP CODE 21230			1 X YES 2 ☐ NO F WHAT COUNTRY? States	<u>,                                    </u>
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 XYES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14. R/	ACE — American Indian, ack, White, etc.	$\dashv$
B≼	1 Never Married 2 Merried 3 Divorced	IF YES GIVE WAR OR D	ATES	1 🗆 YES	2 NO Specify			White	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary(Secondery (0-12) 1 2 th Grade N	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us Electri		ON st of working	C	nghous		
	17. FATHER'S NAME (First, Middle, Last)	George J.	Muhly,	sr.	18. MOTHER'S NA	ME (First, Middle, Melder G •	Sumeme) Miller		$\dashv$
TO BE	190. INFORMANT'S NAME (Type/Print)  Mrs.Loretta I		19b. MAILINO	ADDRESS (Street a	ind Number or Rural I	Route Number, City or Tow	vn. State, Zip Code) Id • 212	30	$\dashv$
	20a. METHOD OF DISPOSITION    XXBurlel 2   Cremetion 3   Removal from State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Balto.Md. 21230								
$\vdash$	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do r		-			E.Fort A	
	ahock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. In fund c	A CONSEQUENCE OF	Vent.	- color	Fish.	Ma Feis	Onset and D	
NO	Sequentially list conditions,  b. Myacardist Techniq 6 hors								
CERTIFICATION	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
4	PART II. Other significent condition	s contributing to deeth b	out not resulting	in the underlying	g ceuse given in	Part I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FIND AMILABLE PRIOR TO	-51
MEDIC						1 _ YES :	2 NO	OF DEATH?	- 1
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CAUSE OF		YES NO				-
IYSIC	1 YES 2 NO	HOSPITAL: Inpatient 2 ER/Out	patient 3 DOA		e 5 🗆 Residence				
ВУ Р	1 Accident Pending Investigation	(Month, Day, Year)	INJ	URY WO	PRK?	28d. DESCRIBE HOW	INJURY OCCURED		
户	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, s	street, tactory, offic	•	281, LOCATION (Street City or Town, State	Street and Number or Rural Route Number State)		
COMPLE		ICIAN: To the best of my know						e(e) end manner ee state	ed.
8	29b. SIGNATURE AND TITLE OF CEPTIFIE	- Allan 5	lorta.	mo	29c. LICENSE NUR	MBER 79	29d. DATE SIGN	(Morth Bay, Year)	
2	30. NAME AND AODRESS OF PERSON WH	1. 0	-/-	Printy	Possita,	// 1	of Horn	e, Many	1
	31. DATE FILED (Month, Day, Veet)	32. Neols/karls ston	IATURE				· · ·		$\neg$

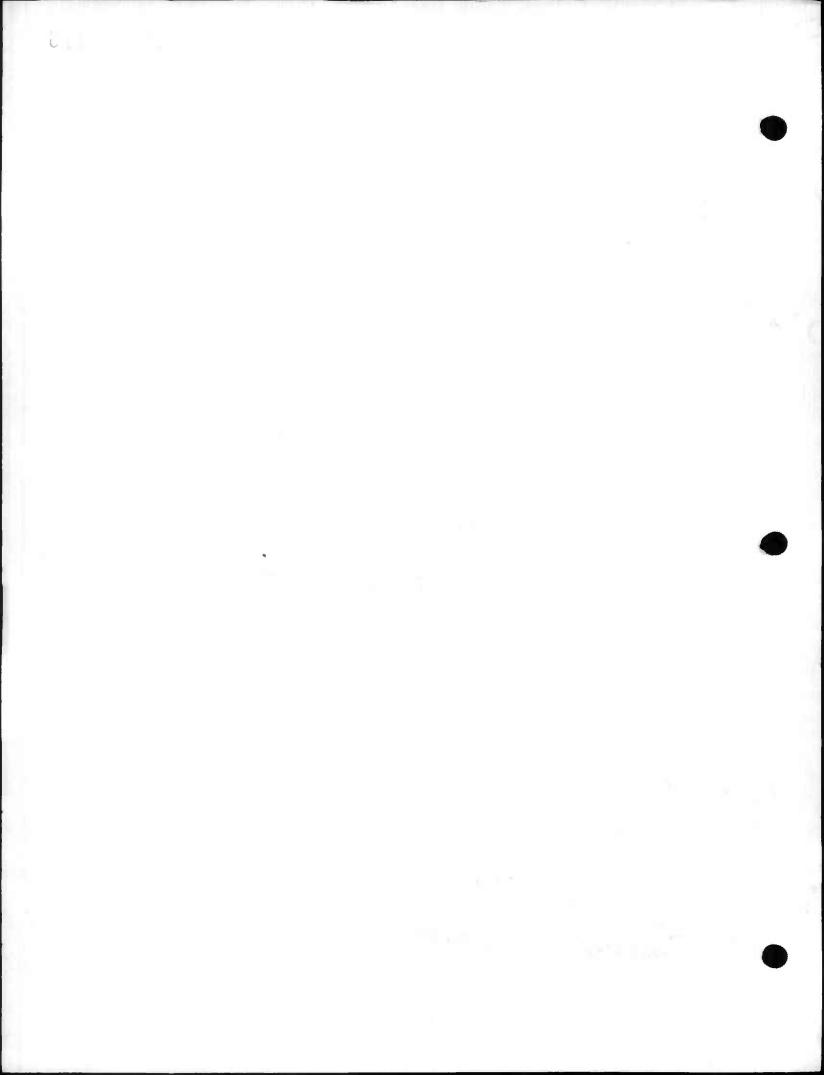


director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

filled in by the funeral

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	TO THE HOSPITAL OR STENDING PRISICIAN: The law requires that the death certificate be executed within 27 hour	포	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or r
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 146-05-603 1 M 2 DF New Jersey 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR K 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Essex 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 613 Virginia Ave. 21221 USA 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10th Homemaker 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Joseph Bush Nicolette BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 613 Roland Ave. Richard Morris BelAir Md. 21014 9 206. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Hollv Cemetery 8/1/94 Baltimore MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest, shock, or heart failure. Ust only one cause on each line! Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Final 章 disesse or condition Se DUE TO (OR AS A CONSEQUENCE OF): resulting in death) or other traumatic event, MEDICAL CERTIFICATION Sequentially list conditions, CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST e has been signed by the attention Dept. of Health and Mental Him 23 shows any Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: A enthic certificate has death wen the State De 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nurs g Home 5 🗆 Residence 6 🗔 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide Item 29e. CERTIFIER 1 TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE FUNERAL O be filed within 72 ho IMPORTANT: If Its cured at the time, date and place, end due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE O 8 2 AM AND A



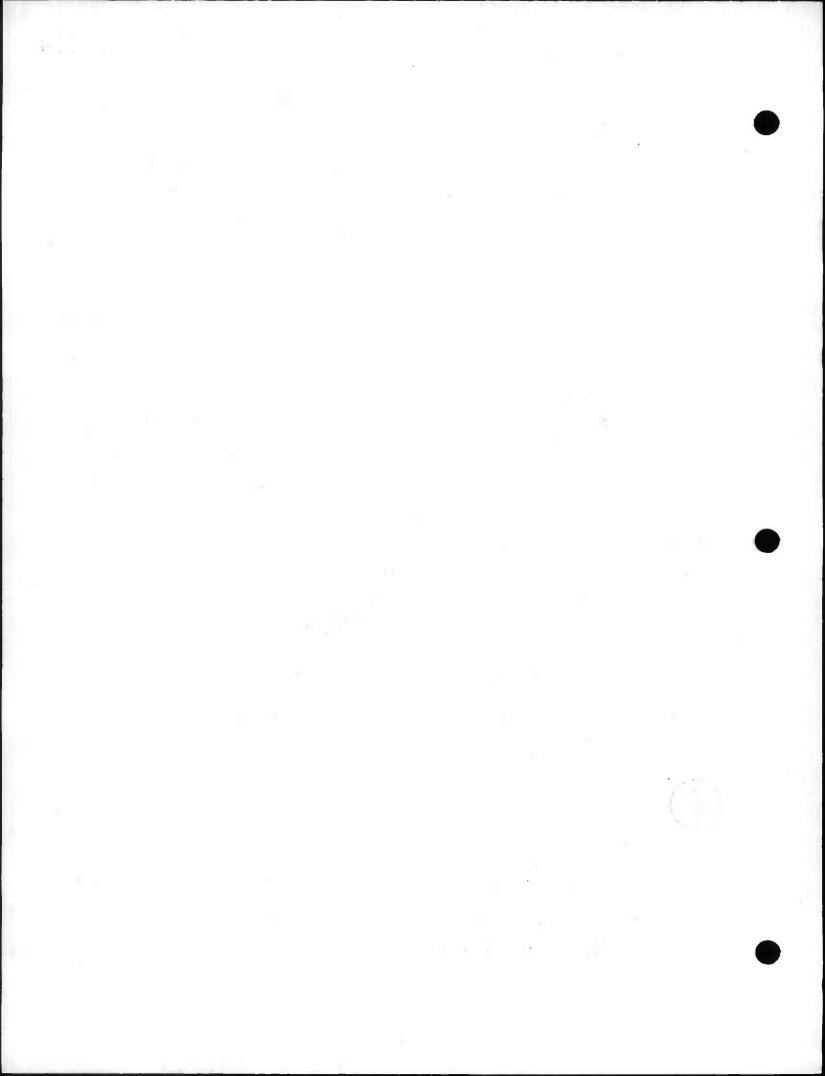
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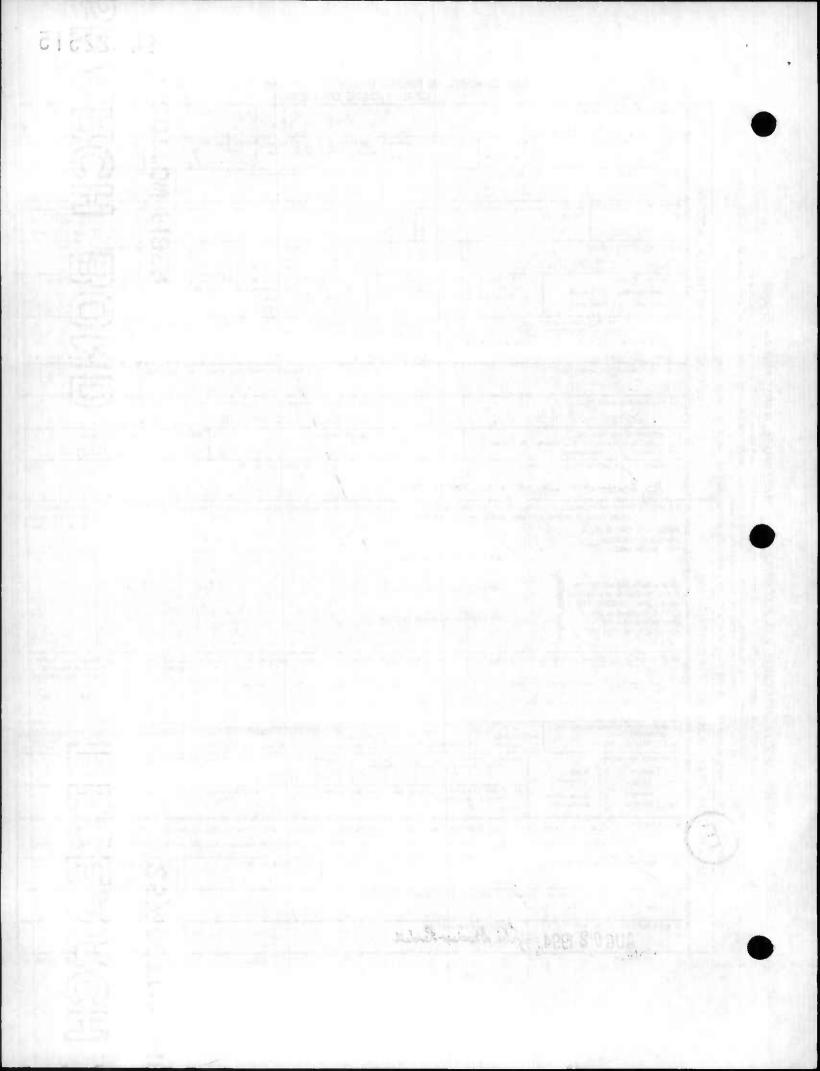
		REGISTRAR			CERTIFIC	ALE OI	DEATH		REG. NO.			
<u>.                                      </u>	١,	1. DECEDENT'S NAME (First, Middle, Last	t)					2. DATE	OF DEATH	ly .	YEAR 3. T	IME OF DEATN
<i>!</i>	J	John				RGAN		Jul	y 30,	199	4 8	:30 p
		4. SOCIAL SECURITY NUMBER			nerne /	UNDER 1 YEAR		7. DATE (Mon	OF BIRTN th, Day, Year)	1	. BIRTNPLAC	CE (State or Forel
2		213-01-4830	1 M 2 F		32 YRS.		Mile.	Marc	ch29,1	1912		land
3 should	_	9a. FACILITY NAME (If not institution, give			9b.	CITY, TOWN	OR LOCATION OF D	EATN		9c. COUNT	Y OF DEATH	
1. Pages 1, 2, 3 a	2	Franklin Squ	<u>lare Hospi</u>	<u>ital</u>			Rossvi	lle		Balti	more	County
S L	급 [	10e. STATE 10b. COUN	ITY	_	10c. CITY, TO	WN OR LOC	ATION				104	. INSIDE CITY
8 6	5	Md	Baltimo	re		Es	sex					LIMITS?
ermit	10-	10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITIZE	N OF WHAT	
. usit		/15 Di	verside R	0000			212	2 1			USA	
physician. burial-transit permit. Pages 1, 2,	5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S.	ARMED	13. WAS DI	ECENDENT OF NISPA	NIC ORIGI	N? (Specify Yea			American Indian, ita, atc.
the burn	- 11	1 Never Married 2 Married 3 Divorced	FORCES? 1 THE	OR DATES	NO		spectfy Cuban, Mexico ES 2 STNO Specific		Rican, etc.)		Specify:	ita, atc.
or use as the	- 11		1								1	White
USe a	<u> </u>	15. DECEDENT'S ED (Specify only highest gra-		16a.	(Give kind of work	done during n	TION nost of working	16	b. KIND OF BUS	SINESS/INDU	STRY	
d for		Elementary/Secondary (0-12)	College (1-4 or 5+)		ille. Do NOT use ret				T.T 4		E1 1	l and m
the hospital or attent of detached for use as once.	٤	8th  17. FATNER'S NAME (First, Middle, Last)			Machin	IST	T.,			ern	rrec.	CLIC
at de de							18. MOTNER'S NA					
should b		19a. INFORMANT'S NAME (Type/Print)	an		195 MAILING AD	DESS /Stare	E and Number or Rural		beth		a del	
5 should notified	2 ∥	Ida Morgan					side Dr					21221
9 9		20s. METNOD OF DISPOSITION		20b. PL A	CEANDDATEOFD			OAT		CATION — CH		
must	- 1	1  Buriat 2 □ Cremation 3 □ Ra 4 □ Donation 5 □ Other (Specify)	moval from Stata	camatery	cremetory or other i	viace)	esus 8/	1		ltim		
al din		21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	Daci	A		AND ADDRESS OF FA		. Du	LOIM	OIC I	14.
eam. rag tuneral di. I. examiner		DO TIL	. []		//	Con	nelly F	uner	al Ho	me o	f Es	sex
in by the removal.	-	7. / LVV	ylon	rell	4	300	Mace A	ve.	Balti	more	MD.	
d in by the or remova		23. PART I. Enter the diseeses, o shock, or heert fallow	st only one couse	on each i	ine	enter the m	lode of dying, suc	th as car	diec or respi	ratory arres	st,	Approximate Interval Bets
y filled ation, c	1	IMMEDIATE CAUSE (Finel disease or condition	Eashasa	-1 0-								Onset and E
0 6 -		resulting in death)	Esoghagea		SEQUENCE OF):							
and complete to burial, cremmatic event	. 1		-	n as a con	SEODENCE OF).						i	
	2	Sequentially list conditions, if any, leading to immediate	bDUE TO (OF	R AS A CON	SEOUENCE OF):						<del>- i</del>	
physician ne prior to nor traun	3	cause. Enter UNDERLYING CAUSE (Disease or injury	C.								ļ	
ing phy-		that initiated events	DUE TO (OF	AS A CON	SEOUENCE OF):							
P P P		reaulting in death) LAST	d									
45 0 19	- 11	PART II. Other aignificent condition	ons contributing to de	ath but no	ot resulting in th	ne underivi	na cause alven in	Part I	24a. WAS AN	ALITOPEV	24h Wes	NE AUTOPSY FIND
* P = 4	2 H	34 3 4 14 1 B	eumonia.Com	ngest	ive Hear	t Fai	lure		PERFOR	MED?	AWA	LABLE PRIOR TO IPLETION OF CAL
2 2 5 C	3 H	Malnutrition, Pn	, , , , , , , , , , , , , , , , , ,						1 TYES 2	, NO	OF (	DEATH?
Sa da sa Ca		Malnutrition, Pn							Z	7		
Sa da sa Ca	2			TO CA	USE OF D	EATH	YES IT NO		, ,	Σ.	1	YES 2 NO
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Sa da sa Ca	DICIAIN. IN	DID TOBACCO USE	CONTRIBUTE 1		01	26. HER:	PLACE OF DEATH (C)	eck only o			10	
Sa da sa Ca	DICIAIN. IN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE  HOSPITAL:  1 V Inpatient 2 EF  28e. DATE OF INJ	R/Outpatient	3 DOA 4 2	26. HER: Nursing No	PLACE OF DEATN (C)	6 Ch		NJURY OCCU		
This certificate has been significate has been significate has been significated, or Item 23 shows:	Thriston. M	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  TYN Neturat 5 Pending	CONTRIBUTE  HOSPITAL: 1 1 topatient 2 Ese. DATE OF IN. (Month, Day,	R/Outpatient	3 DOA 4	26. HER: Nursing No 28c. II	PLACE OF DEATN (Cr	6 Ch	er (Specify)	NJURY OCCU		
Month of the State of Head of Head of Head of Head with the State Dept. of Head of Hea	M THISICIAN W	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  TY Neturat 5 Pending trivestigation trivestigation to Suicide 8 Could not be	CONTRIBUTE  HOSPITAL: 1 1 Inpatient 2   Ef  28e. DATE OF IN. (Month, Day, 28e. PLACE OF IN	R/Outpatient JURY Year) NJURY — At	3 DOA 4 2	26. HER: Nursing No. 1 M. 1 M.	PLACE OF DEATN (Crome 5   Rasidenca NJURY AT YORK?  YES 2   NO	6 Oth	SCRIBE NOW II		RED	YES 2 NO
Month of the State of Head of Head of Head of Head with the State Dept. of Head of Hea	THE SICIAL M	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  TY Naturat 5 Pending trive at light in the second in the secon	HOSPITAL: 1 1 to tapatient 2 E	R/Outpatient JURY Year) NJURY — At	3 DOA 4 DOA 4 DOA INJURY	26. HER: Nursing No. 1 M. 1 M.	PLACE OF DEATN (Crome 5   Rasidenca NJURY AT YORK?  YES 2   NO	6 Oth	or (Specify) SCRIBE NOW II		RED	YES 2 NO
OR ALENDING PRINCIPAL ITERIA REQUIRES  DIRECTOR, After this certificate has been sign  hours after death with the State Dept., of Helan  Them 28 is marked, or item 23 shows:  FIED R PHYSICIAN: MED	EL SOLUTION IN	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATN  TY Neturat 5 Pending treetigation treetigation to determined	HOSPITAL: 1 1 Inpatient 2 = E	R/Outpatient  JURY Year)  NJURY — At :. (Specify)	3 DOA 4 28b. TIME OF INJURY	26. IP Sectory, off	PLACE OF DEATH (C/ with 5  Residence NJURY AT VORK? YES 2  NO	6 Other	SCRIBE NOW II  CATION (Street a or Town, State)	and Number or	RED Rural Route	YES 2 NO
AL ON ALENDING PHYSIOLNY: The law requires AL DIRECTOR: After this certificate has been sign. To hours after death with the State Dept. of Health H Hem 28 is marked, or Hem 23 shows: APPETED BY DHYSICIAN MED	MILE TO THISICIAN. MI	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	CONTRIBUTE  HOSPITAL: 1 1 Inpatient 2   Ef  28e. DATE OF IN. (Month, Day, 28e. PLACE OF IN	R/Outpatient JURY Year)  NJURY — At :. (Specify)	3 DOA 4 DOA 29b. TIME OF INJURY	28c. III 28c. III M 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1	PLACE OF DEATH (C/) whe 5 Residence NJURY AT NORK? YES 2 NO	28d. DE	SCRIBE NOW II CATION (Street a or Town, State)	and Number or	RED Rural Route	YES 2 NO
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OR ALENDING PRINCIPAL ITERIA REQUIRES  DIRECTOR, After this certificate has been sign  hours after death with the State Dept., of Helan  Them 28 is marked, or item 23 shows:  FIED R PHYSICIAN: MED	THE COURT OF THE PROPERTY. WILLIAMS	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATN  TY Neturat 5   Pending trive attigation  Accident  4   Accident 4   Suicide 8   Could not be determined  30. CERTIFIER (Check only one)  2   MEOICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	CONTRIBUTE  HOSPITAL: 1 1 Impatient 2 End of Inv. (Month, Day, Inv.) 28e. PLACE OF Inv. (Month, Day, Inv.) 2	R/Outpatient JURY Year) NJURY — At . (Specify) knowledge, ninstion and	3 DOA 4 2 28b. TIME OF INJURY home, farm, stree death occurred at for investigation, in	26. INER: Nursing No 28c. If W I 1 I, factory, off	PLACE OF DEATH (C)  yme 5 Residence  NUTRY AT  YCR(?  YES 2 NO  Ice  te end place, and due  death occured at the  29c. LICENSE NU	6 Oth 28d. DE 28f. LOC City to the ca	SCRIBE NOW II CATION (Street a or Town, State)	and Number or	RED  Rural Route	Number,
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENS
RAR	CERTIFICATE OF DEATH REG. NO.

1			CERTIFIC		DEATH AND		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) HARRY WILLIAM M	ADTTM				MONT			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		4 3 · 50 PM BIRTHPLACE (State or Foreign
	217-14-3092	1 ⋈ м 2 □ F 93	YRS.	ONTHS DAYS	HOURS MIN.	Aug	17,1		Maryland
CTOR	96. FACILITY NAME (If not institution, give street and number)  Atlantic General Hospital  Berlin, Md.  Worcester								
DIRECT	nesidence of decedent  10a. STATE 10b. COUNT  Maryland	Y		town on Local	TION				10d. INSIDE CITY LIMITS?  IX YES 2 NO
RAL	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	3809 Glenmore Av	ENUE		1	2120			US	
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2XXN0	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2XXND Speci	an, Puerto	f? (Specify Yes Rican, etc.)	or No.— 14.	. RACE — American Indian, Black, White, etc. Specify: White
回	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S US	k done during mo	ON st of working	100	KIND OF BUS		TRY
PLET	8th grade	College (1-4 or 5+)	Blacksn				elf-emp		& Elec. Co.
COMPL	17. FATHER'S NAME (First, Middle, Last)		DZGGRON		18. MOTHER'S NA				d Elect. oc.
BEC	Max E. Martin				Louisa				
2	190. INFORMANT'S NAME (Type/Print)  Mr. Jesse H. Hou	se .lr	11-11-12-12-12-12-12-12-12-12-12-12-12-1		nd Number or Rural				•
	20a. METHOD OF DISPOSITION	206.1	PLACE AND DATE OF	DISPOSITION (NO	ime of	DAT		· .	or Town, State
	1 S Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	"Pi	arkwood (			1-1-9		ltimor	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	Duseral Ho.	-6	22. NAME AI	sahn Fun	eral	Home		
	23. PART I. Enter the diseases, or							,	Md. 21236
ERTIFICATION	iMMEDIATE CAUSE (Fine) dleese or condition resulting in death)	a. Cerebro	CONSEQUENCE OF):	15/	20010	le T			110/
TIFICA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):			7			78 12
CERTIFICA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A O	CONSEQUENCE DF):						78 2
AL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A O	CONSEQUENCE DF):	the underlyin	g ceuse given in		24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A O	CONSEQUENCE DF):			n Part I.	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	DUE TO (OR AS A Of the contributing to death but the contribution to contributing the contribution of the contributi	t not resulting in	26. PI DTHER: Nursing Hor	ACE OF DEATH (C) to 5 Residence URY AT RK7 YES 2 NO	heck only o	PERFOR  1 YES 2  10)  10)  17 (Specify)  SCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
BY PHYSICIAN: MEDICAL C	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER Check only	DUE TO (OR AS A Of the contributing to death but the contribution to contributing the contribution of the contributi	t not resulting in  tient 3 DOA 4 28b. TIME (INJUR	26. PI  THER: Nursing Horr  TY M  1 0  set, factory, office	ACE OF DEATH (CI	heck only o	PERFOR  1 YES 2  PERFORM  1 YES 2  PERFORM  PERFORM  PERFORM  SCRIBE HOW 6  PERFORM   MED?  NO  NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
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COMPLE ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON W	DUE TO (OR AS A Code of the contributing to death but the contribution to the contribu	t not resulting in  tient 3 DOA 4  28b. TIME (INJUE)  At home, farm, strey)  dge, death occurred and/or investigation,	26. PI THER: Nursing Hom Norsing Hom Norsi	ACE OF DEATH (CI	heck only o	PERFOR  1 YES 2  PERFORM  1 YES 2  PERFORM  PERFORM  PERFORM  SCRIBE HOW 6  PERFORM   MED?  NO  NJURY OCCUR  and Number or a stated.  d due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NED  Rural Route Number,	
BE COMPLE ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CETTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFII	DUE TO (OR AS A Control of the contributing to death but the contribution to the contribution that the contribution to the contribution	tient 3 DOA 4 28b. TIME (NJUF At home, farm, struy)	26. PI  Nursing Horn  28c. INI  Y  M  1 1  set, factory, offic  at the lime, data in my opinion, d	ACE OF DEATH (CI	heck only o	PERFOR  1 YES 2  PERFORM  1 YES 2  PERFORM  PERFORM  PERFORM  SCRIBE HOW 6  PERFORM   MED?  NO  NJURY OCCUR  and Number or a stated.  d due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  NED  Rural Route Number,	



attending physician. Ise as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or a TO THE FUNERS OFFICION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 2 how after the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT II I feet 7 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	oftal or	d for us		
TO THE HOSPITAL OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5- hours after death. Page 6 may be retained by 10 THE FUNERAL ORFECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 2 hours after yealth with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT IT HEM 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	the hosp	detache		once.
TO THE HOSPITAL OBLATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain TO THE FUNESA DIRECTOR. After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 sho be filed within 2 hours after leath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT IT HOM 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	ed by	od bu		ed at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5x hours after death. Page 6 may be TO THE FUNERAL OFFICIAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 2 hours after yealt with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT II I I I I I I I I I I I I I I I I I	e retain	5 sho		notifi
TO THE HOSPITAL OBLATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 TO THE FUNEDAL OR PRECIDE. After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 2 hours after yealth with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT IT Hen? 2 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu	may b	ж рад		ist be
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5- hours after death. ITO THE FUNERAL OFFICIAL After this certificate has been signed by the artending physician and completely filled in by the funeral be filed within 2 hours after yearth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT If Henr 2 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	Page 6	directi		er mt
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after 10 THE FUNERAL ORFECTION After this certificate has been signed by the attending physician and completely filled in by the be filed within 2 hours after yealth with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT If I fem 2 is marked, or item 23 shows any injury, or other traumatic event, the medical experiences.	death.	funeral		xamin
TO THE HOSPITAL OBLATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 noun TO THE FUNEDA OFFECTION. After this certificate has been signed by the attending physician and completely filled in be filed within 2 hg.s. after yealth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or reIMPORTANT If Henr 22 is marked, or item 23 shows any injury, or other traumatic event, the men	s after o	by the	еточа!.	dicai e
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL OFFICION. After this certificate has been signed by the artending physician and completely be filed within 2 hours after yearth with the State Dept. of Health and Mental Hygiene prior to burial, crematic imPORTANT If I lem 2 is marked, or item 23 shows any injury, or other traumatic event, the	noou -	filled in	n, or r	9E III
TO THE HOSPITAL OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL OFFECTO, after this certificate has been signed by the attending physician and combe filed within 2 hars after yealth with the State Dept, of Health and Mental Hygiene prior to burial, of IMPORTANT IT Henry 2 is marked, or item 23 shows any injury, or other traumatic events.	within 2	pletely	rematic	ent, th
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extra TO THE FUNERY CHECTOR, After this certificate has been signed by the attending physician at be filed within 2 hours after yearth with the State Dept. of Health and Mental Hygiene prior to IMPORTANT If Henr 2 is marked, or item 23 shows any injury, or other trauma	cuted v	moo pe	ourial, c	rtic ev
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL OFFICIAL After this certificate has been signed by the artending physical filed within 2 hours after yearth with the State Dept. of Health and Mental Hygiene priMPORTANT If Hem 2 is marked, or item 23 shows any injury, or other is	be exe	ician ar	ior to L	гаита
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce TO THE FLUKER OF OFFICIAL After this certificate has been signed by the attending he filed within 2 hors after yealth with the State Dept. of Health and Mental Hys IMPORTANT If Henry 2, is marked, or item 23 shows any injury, or or	rtificate	of phys	plene pr	ther t
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dim TO THE FUNERY CHECTOR, After this certificate has been signed by the be filed within 2 hours after yearh with the State Dept. of Health and Mer IMPORTANT (I Henr 2) is marked, or item 23 shows any injury.	eath ce	attendir	rtal Hyr	y, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL OFFECTION After this certificate has been signed be filed within 2 hors after yealth with the State Dept, of Health at IMPORTANT If I fem 2 is marked, or item 23 shows any	the d	y the	nd Mer	injur
TO THE HOSPITAL OB ATTENDING PHYSICIAN: The law required TO THE FUNERY OFFICION, After this certificate has been sibe filed within 2 hours after yeath with the State Dept. of HIMPORTANT II Ifem 23 is marked, or item 23 show	res that	igned b	ealth a	rs any
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERY OFFECTOR, After this certificate has be filed within 2 hours after yearh with the State Dep IMPORTANT (I feeth 2) is marked, or item 23	v requi	been s	t, of H	show
TO THE HOSPITAL OB ATTENDING PHYSICIAN: TO THE FUNERAL OFFECTION After this certifical be filed within Z hows after leath with the SE IMPORTANT IT HOM Z is marked, or its	The la	ite has	ate Dep	ет 23
TO THE HOSPITAL OB ATTENDING PHYS TO THE FUNER OFFICION, After this obe filed within 2 hours after leath with IMPORTANT II felin 2 is marked.	CIAN	ertifica	the St	or it
TO THE HOSPITAL OB ATTENDING TO THE FUNER OF OFFICE After be filed within 2 hows after year IMPORTANT II feet 2 is m	3 PHYS	r this c	th with	arked
TO THE HOSPITAL OB ATT TO THE FUNERY OFFICIAL De filed within 2 ho s all IMPORTANT II HEIM 2	ENDING	A Afte	er rea	E
TO THE HOSPITAL TO THE FUNERACE IN THE FUNERACE IN THE SHAPE TO THE SHAPE IN THE SHAPE THE SHAPE IN THE SHAPE THE SHAPE IN THE SHAPE THE	DR ATT	MECH	and all	em 2
TO THE HOS TO THE FUNI De filed withi	PITAL	ERA	n Z h	H H
는 다 의 사는 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	E HOS	E FUNI	d withi	RTAN
	5 H	E P	be file	IMPO

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) GLADYS M,	McALLISTER				2. DATE OF DEATH	0 B71	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	s, BIRT	HPLACE (State or Foreign	
	215-24-9447	1 □ M 2 X XF 8	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) June 15,19:	ll Ma	ryland	
	9a. FACILITY NAME (If not institution, give s				R LOCATION OF DE		9c. COUNTY OF	DEATH	
5	4219 Blakely A	venue		Per	ry Hall		Baltim	ore	
ן ה	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	Y	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland Ba	ltimore		Per	ry Hall			LIMITS?	
4	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	$\dashv$
<u> </u>	4219 Blakely A	venue			21236		USA		
מסד דמ	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES, GIVE WAR OR C	2 (NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)	or No — 14. RAC Blac Spec	E — American Indian, ck, White, etc.	
3	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	JSUAL OCCUPATION OF done during mo		16b. KINO OF BUSI	INESS/INDUSTRY		
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	st or working				
E	5th Grade  17. FATHER'S NAME (First, Middle, Last)		Martir	IS			ly Line		_
~	Frederick McAll	ictor				ME (First, Middle, Meiden S	Surname)		
<b>8</b>	19a. INFORMANT'S NAME (Type/Print)	12061	19h MAILING	ADDRESS (Street o		aret Ewers Route Number, City or Town,	State 7/a Cadal		$\dashv$
2	Mrs. Joan DeFaz	io				ite Marsh,		d 21162	
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE O	F DISPOSITION (Na	me of	OATE 20c LOC	ATION — City or To		$\dashv$
	1 Donation 5 Other (Specify)	oval from State	etro Crematory or oth	er plece) atory,	Inc. 7-	29-94 Ba	ltimore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 7		22. NAME AN	O ADDRESS OF FA	CILITY	,		
	1/8 Jehn	Coma			hn Funer	al Home d. Balto	M4 212	26	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS C.	each line.	1 40C		AL I		Approximate interval Betwee Onset and De	
HISICIAIN: MEDICAL C	PART II. Other significent condition	o MG	but not resulting in	the underlying		Part I. 24s. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE (	CONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO			1 TYES 2 NO	
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Chi				$\exists$
5	1 TYES 2 PHO	HOSPITAL: 1   Inputient 2   ER/Out		OTHER: 4 Nursing Hom	5 & Residence	8 ☐ Other (Specify)			
	27. MANNER OF DEATH  1 Actural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCUREO		
0 0	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, term, st crify)	reet, factory, offic		281. LOCATION (Street or City or Town, State)	nd Number or Rural	Route Number,	$\exists$
		ICIAN: To the best of my know							
2	29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the basis of examination	on and/or Investigation	, in my opinion, d					<u>.                                    </u>
ם מ	Far Me		8a Yin Ou 8022 Pol-	ing, M.D.P	A. D	7728	DATE SIGNED	19/94	
	30. NAME AND ADORESS OF PERSON WH			,MD 21236					
	31. DATE FILED (Month, Day, Year) AUG 0 2 199	4 July of hour	VATURE RAVIALLY						

BALTIMORE, MARYLAND 21215-0020 VISION OF VITAL RECORDS, P.O. BOX 68760,

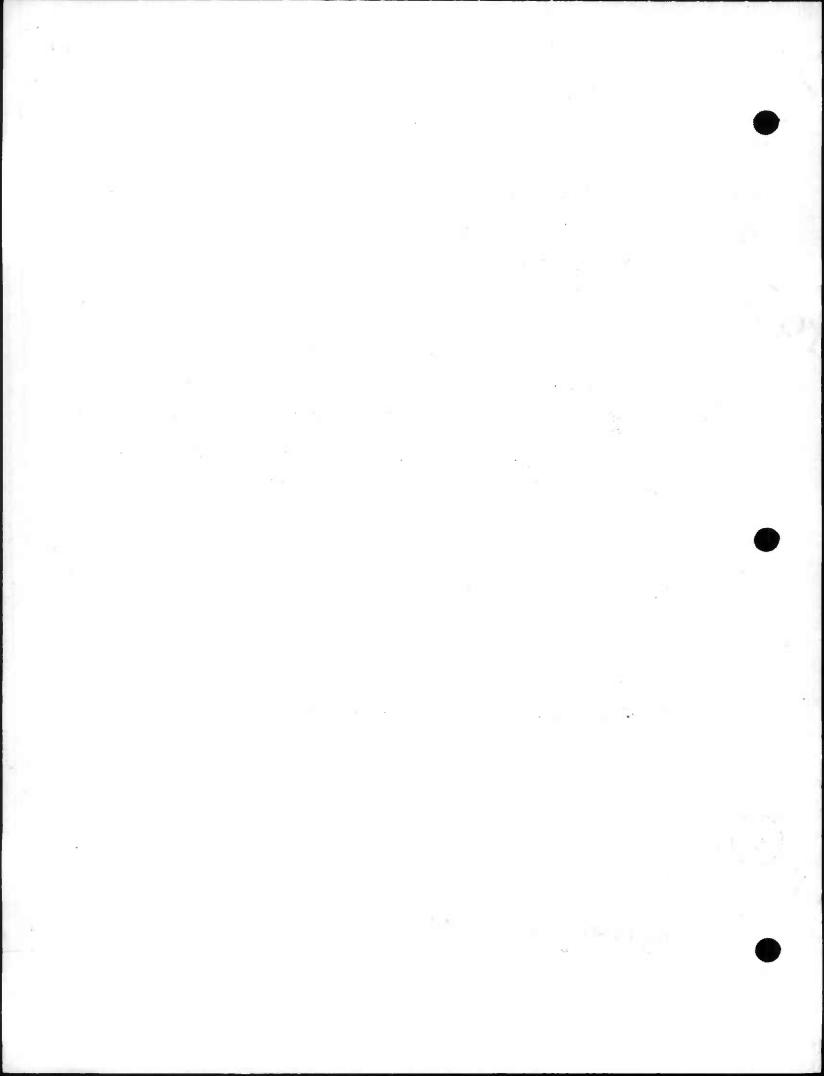
TO THE MOSTURE OF A TENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE UNERAL CHREADOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed with 72 hg s after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF MARY		ICATE OF		TENIAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last	"Montgo	mery			2. DATE OF DEATH MONTH DA		YEAR 8 30 A M
	4. SOCIAL SECURITY NUMBER 217-05-4209		E (In yrs. last birthday) B 1 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 28.1	913	BIRTHPLACE (State or Foreign Country)  Virginia
_	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DEA			NTY OF DEATH
TOF	St. Agnes Hos	oital		Balti	more		Bal	timore
DIRECTOR	100. STATE 10b. COUN	BAltimor		ry, TOWN OR LOCA Ltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3717 Century A	Avenue		10	1. ZIP CODE 212	27	10g. CITI	ZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3. Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPANI secify Cuben, Mexican 3 2 NO Specify:	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: White
TED	15. DECEDENT'S ED (Specify only highest gra:		18e. DECEDENT'S	USUAL OCCUPAT work done during m ise retired.)	ON ost of working	16b. KIND OF BUS	SINESS/IND	USTRY
COMPLETED	Elementary/Secondery (0-12)	College (1-4 or 5+)		ift Ope		Acme	Sto	re Warehouse
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Montgome:	ry			18. MOTHER'S NAM Bertha	IE (First, Middle, Meiden ( un	Surname) know	n)
10 8	190. INFORMANT'S NAME (Type/Print)  John Montgome:	ry				oute Number, City or Tow Road, S		Code)
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Re	moval from State	0b. PLACE AND DATE	OF DISPOSITION (N	ame of	OATE 20c. LO	CATION —	City or Town, State
	21. SIGNATURE OF SUNERAL SERVICE L	ICENSPE	Glen Hay	22. NAME A	NO ADDRESS OF FAC	ILITY		Burnie, MD
	· Oat fl	111			-	eral Hom ve. Anna		
	23. PART i. Enter the disesses, or shock, or heart fellure	complications that cause. List only one ceuse on	ed the death. Do	not enter the m	oda of dying, auch	aa cardiac or reapl	iratory arr	eat, Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	SEPTO		k				Onset and Death
	resulting in death)							20035
TION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR A	S A CONSEQUENCE O	PF):				bolays
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE O	PI:				
CERTIFICATION	resulting in deeth) LAST	d						
CAL	PART ii. Other aignificant condition				g ceuse given in F	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDIC	CHF, EtoH	abuse, Di	2menti	<u>u</u>		1 TYES 2		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE T	O CAUSE O	F DEATH	YES NO			1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Chec	ck only one)		
IYSI	1YES 2 NO 27. MANNER OF OEATH	1 Inputient 2 ER/O		4 - Nursing Hor	ne 5 🗆 Residence 6			
BY PF	1 Netural 5 Pending 2 Accident Investigation		) IN.	JURY W	URY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCC	CURED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, term, becity)	street, factory, offi	•	281. LOCATION (Street e City or Town, Stete)		or Rural Route Number,
COMPLETED		SICIAN: To the best of my kn						ed. e ceuse(e) and menner ee stated,
BE	29b, SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NUM Medical	Resident	29d. DATE	E SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W					re M	0	1220
	31. 04 TUG 0°2 1994			1	-a riimo	14 /00		1- 29
	7.00							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and locally death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

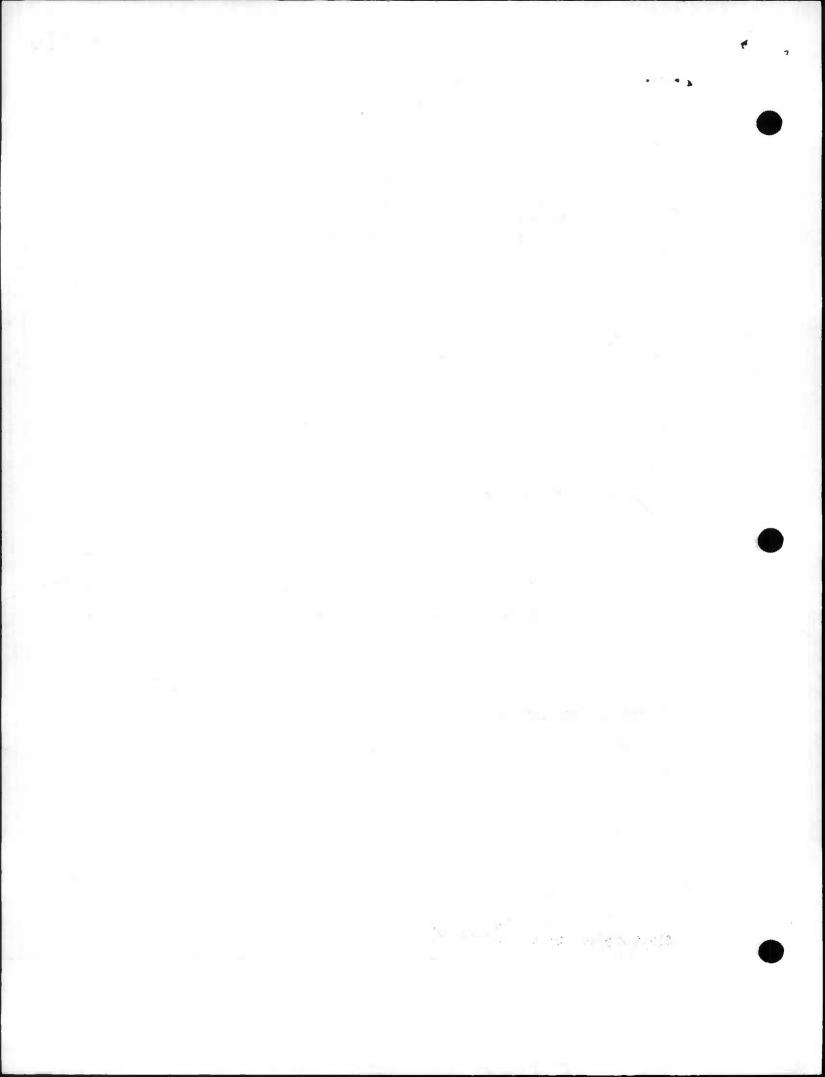
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4	•	FOR ·
3		STATE
В	_	REGISTRAR

7

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN		OLITTI	IOAIL	JE DEATH	HEG. NO		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NY 001	3. TIME OF CEATH
	Concetta	Maggio		,		July 29,	1994	М
ш	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday	MONTHS D	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	212-/4-/842 1 99 YRS. Sept. 4, 1894							Italy
_	9a. FACILITY NAME (If not institution, give st	,		9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF CEATI			TY OF OEATH	
0	St. Elizabeth	Home for Nur	sing Ca	re E	altimore			Baltimore
[ [ [	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,	10c C	10c. CITY, TOWN OR LOCATION 19d. IN			10d. INSIDE CITY	
DIRECTOR	Maryland Ba	lto. City	1000	Baltin				LIMITS?
	10e. STREET AND NUMBER	ito. City		Daiti	101. ZIP CODE		10~ CITIZ	1 KYES 2 NO EN OF WHAT COUNTRY?
FUNERAL	1000 Caton A	WODIIO.			21229			
	11. MARITAL STATUS		IN II S ADMED	42 496		ANIC ORIGIN? (Specify Yes	US	
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	II ye	s, specity Cuban, Maxic	an, Puerto Ricen, atc.)	OF 140	14. RACE — American Indian, Black, White, etc.
<b>a</b>	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR I	MIES	יי ו	YES 2 NO Spec	lly:		Specify: White
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a. OECEDENT	S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDU	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT	use retired.)	g most of working			
I de	3rd Grade		Homem	aker				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
ш	Vincent	Mar	anto			Dorothy	Sa	iia
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Mr. Joseph A. Mag	gio	1007	Southri	dge Road	Catonsvill	e, MD	21228
ΙI	20a. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Remo	ovel from State	b. PLACE AND DAT	E OF DISPOSITIO	N (Name of	DATE 20c, LO	CATION C	Ity or Town, Stata
	4 Donation 5 Other (Specify)		ake Vie			8/1/ Syk	esvil	le, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	no Byers	ACUTY Funeral Dir	ector	s. Inc.
	John K of	ment				Road Randa		
	23. PART f. Enter the diseases, or o	omplicatione that cause	d the death. Do					
	ahock, or heart fellure.	List only one cause on :	each line.					Interval Batwean Onset and Death
	diament and an addition	1500Li						0
		DUE TO (OR AS						day
z	mailteograficat accordence	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	does	On to	21.0=	a		10 TER B
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):				
3	cause, Entar UNDERLYING CAUSE (Disease or Injury	anteren	Cores	te d	Leave	+ deme	-fea	years
ᄩ		DUE TO (OR AS	A CONSEQUENCE	OF):				
H	resulting in death) LAST	1						
	PART II. Other significant condition	e contributing to death	but not resulting	in the unda	lying cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TES 2	NO	OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE C	E DEATH	VES D N	оп		1 WES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	COTTINIDOTE TO	CAOOL C		6. PLACE OF DEATH (C		-	
잃	EXAMINER?	HOSPITAL:	metiont 2 1 004	OTHER:				
Ě	27. MANNER OF OEATH	28a. OATE OF INJURY		-	Home 5 Residence	28d. DESCRIBE HOW I	NJURY OCCI	IRED
	1 Natural 5 Pending	(Month, Day, Year)	1	NJURY	WORK?	250. DEGONDE NOW	NONT CCC	, neo
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm			28f. LOCATION (Street a	and Number of	or Brief Briefs Number
윤	4 Homicide 8 Could not be	building, atc. (Spe	ecify)	,,,		City or Town, State)	and reamber o	r ruser ruste rustion,
9	29a. CERTIFIER		Control Collins			12		
COMPLET		CIAN: To the best of my know						
8			or and/or investiga	non, in my opini	on, death occured at th	e time, date and place, an	d due to the	csuse(a) and menner es stated.
H	206 SIGNATURE AND TITLE OF CERTIFIER	fallage	27, M	1	29c. LICENSE NO	IMBER S	29d. DATE	SIGNEO (Month, Day, Year)
5	The same and the s	1	LL	-	10011	0.6	8	1-14
	30. NAME AND ADDRESS OF PERSON WHO				24	EE 17/31	A -	01000
	Dr. Lawrence G	allagher St		med. C	enter 34	wilkens	Avneu	le 21229
	AUG 0 2 1994	MY SO HOUSE SELVEN	CAN.					



BALTIMORE, MARYLAND 21215-0020

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DIVISION	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Elizabeth Hill Mason July 30 1994 4. SOCIAL SECURITY NUMBER S AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 89 215-12-9739 1 🗌 M 2 🔂 YRS. Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give etreet and numb 9b. CITY. TOWN OR LOCATION OF DEATH 3415 Devonshire Rd. DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Mazyland Baltimore YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3415 Devonshire Rd. been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, of Health and Mental Hygiene prior to burial, cremation, or removal. 21215 USA retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indien, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried 1 TYES 2 NO BY Specify: Specify: Black 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) Retired Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Robert Hill 7 BE Kate Lewis notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan White 4706 Three Oaks Rd. Balto. Md Page 6 may be å 20e, METHOD OF DISPOSITION

1 Burlal 2 Cremation 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Memorial Park Balto. M 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY death. Douglass Funeral Service 1701 McCulloh St. hours after medicai 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition farturioscluotie cardiovascula event, resulting in death) desease executed traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the death certificate be cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS NIDOM PERFORMED? AVAILABLE PRIOR TO that any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO X Dept 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State HOSPITAL DR ATTENDING PHYSICIAN: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA lesidence 6 - Other (Specify) 4 Nursing Home 5 6 27. MANNER OF OEATH 28s. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT marked, 28d. OEŞCRIBE HOW INJURY OCCURED with this 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) after de 8 Could not be determined E COMPLETED DIRECTOR 4 Homicide hours If Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. HOSPITAL ation end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner as stated. ATURE AND TULE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D25663 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
2900 GARKISON BIND' Swite 104. Baltimore, Md 21216

fil x The state of the s (J) DIVISION OF VITAL RECORDS, P.O. BOX 68760

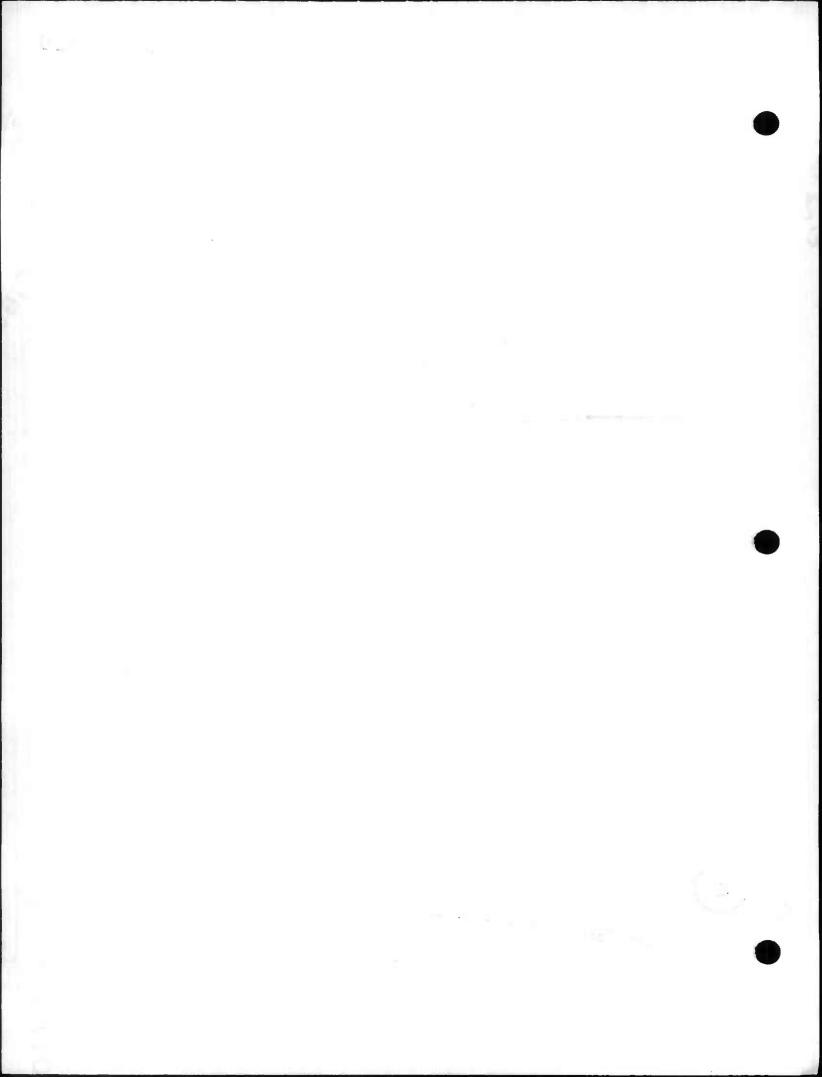
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

THE PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

tem	19a,	g-714,	8-3-94,	per	informant,	dr

1. DECEDENT'S NAME (First, Middle, Last)		CENTIF	ICATE OF	DEATH	REG. NO	).	
DEGLEDENT S NAME (FIST, MIGGIN, LAST)	11	1			2. DATE OF DEATH	AY Y	3. TIME OF DEATH
Elizabeth	· Nurpi	ry			7 2		4 1047 A
1. DECEDENT'S NAME (FIRST, MIGHIG, Last)  Elizabeth Murphy  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE TIN 178. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF III MONTHS   MONTHS   DAYS   HOURS   MIN.   4-2							BIRTHPLACE (State or Foreign Country) NC
9e. FACILITY NAME (If not institution, give str		12 110	9b. CITY, TOWN	OR LOCATION OF DE		9c COUNTY	OF DEATH
University F				ltimore	-2111	Jan. 600.11	O DEATH
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI							10d. INSIDE CITY LIMITS? 1) YES 2 NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF							USA
						. RACE — American Indian, Black, White, atc. Specify: Black	
15. DECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
		Hea1	th Car	е	Merc	y Hos	pital
17. FATHER'S NAME (First, Middle, Lest) Mitchell Murp	phy				ME (First, Middle, Melder eMarshal		
19a. INFORMANT'S NAME (Type/Print) Grewith William Gree	eer en	19b. MAILING 5708	ADORESS (Street Pembro	and Number or Rural F	Route Number, City or Tov Balto, M	n, State, Zip Co D 212	0 7
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Townston or other place)							y or Town, State
4 Donatton 5 □ Other (Specify) Woodlawn Cemetery 8/1 Woodlawn, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY							
1 6	3 4				orton &	Sons	
23. PART I Enter the diseasea, or c	- House		170	1 Laure	ns Stree	t	
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	A CONSEQUENCE O		mar.			Onset and Bei
that Initiated events resulting in death) LAST	d	A CONSEQUENCE O					
PART II. Other algorificant conditions  Menengiana Ri		7/12/9 4	Ant is	g ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES   NO			1
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che			
1 YES 2 NO	1.0 Inpetient 2 - ER/OL			ne 5 🗆 Residence			
1 Netural 5 Pending (Month, Day, Year) WORK?							
2   Accident 3   Suicide 4   Homicide  2e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  2e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  2e. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) and menner es stated.  2e. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) and manner es stated.  2e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)  2e. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) and manner es stated.  2e. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) and manner es stated.							Rural Route Number,
	CIAN: To the beat of my kno						euse(e) end manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER			., .	29c. LICENSE NUM			IGNED (Month/Day, Year)
1 / 10 . 6						1	42 AU
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (IVEM 27) (Type	, Print)			7	727799



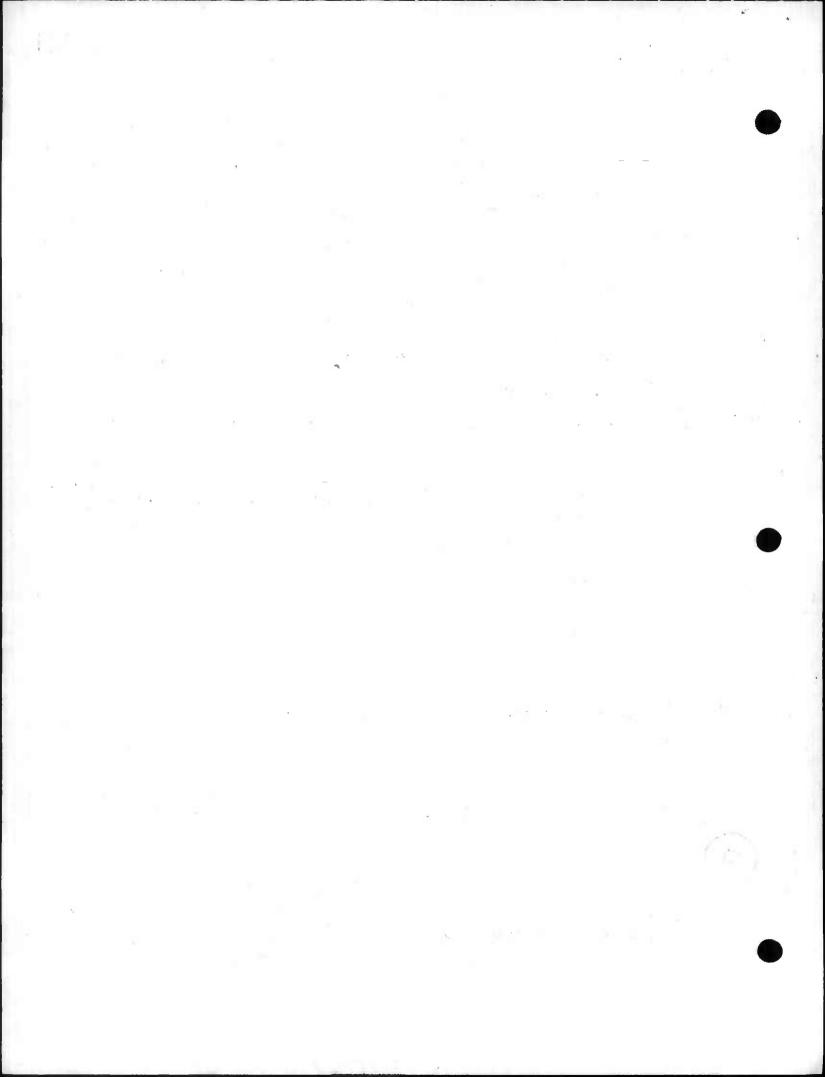
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	0 01 111	CE		ICATE C			WEIT INE	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	OEATH			3. TIME OF OEATH
	LINDA S. MCDO	OWELL						JUL	2 2 2	0	94	2045 M
	4. SOCIAL SECURITY NUMBER	5. SEX (	. AGE (In yrs. lest	t birthday)	IF UNDER 1 YEA	_	MDER 24 HRS.	7. DATE OF			6. BIRTH	IPLACE (State or Foreign
	218-56-0714	1 🗆 M 2 💢 F	43	YRS.	MONTHS DAY	8 HOL	MIN.	(Month, 1	7/19	51	Dou	insylvania
	9e. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TOV	N OR LO	CATION OF D		1,11		UNTY OF D	
5	602 SEQUOIA D	DRIVE			ED	GEWO	OOD			Н	IARF	ORD
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY									_		
E				10c. CIT	Y, TOWN OR LO	CATION	-1.	,				10d. INSIDE CITY LIMITS?
3	Maryland 100. STREET AND NUMBER	Harford		<u></u>		404 717	Edge	wooa		I was as		1 YES 2XX NO
¥	602 Sequoia Driv	10				10f. ZIP	2104	٥		-		WHAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN ILS AR	MED	12 144.6	DECEMBE	NT OF HISPAI		Casally Vos		7	States
	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WAI	YES 2 XN	10	If yes	specify	Cuban, Mexica	in, Puerto Ric		or No-	Bisc	E — American Indian, k, White, etc.
2	3 Wildowed 4 Divorced	TO, GIVE WA	ON DATES		''	169 4/[]	(NO Specif	у:			Spec	"White
2	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE(	CEDENT'S	USUAL OCCUP	ATION	endring	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	se retired.)							
COMPLE	12th Grade			Sale	Clerk				ldon		k Sto	ore
	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA			Sumame)		
2	William W. Young	blood	1				Nelli	e Haro	ling			
2	Scott McDowell				ADDRESS (SIM							050
			_	=======================================	OFDISPOSITION			DATE		-	- City or To	
	20a. METHOD OF DISPOSITION 1 & Burtel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	cametery, crei	matory or o	ther place)	a ta t	7/	20/01	D. D.	~ 0 + :.	- City or it	Material and
	1 & Burlel 2 Cremetion 3 Removel from State    Commetery, cremetory or other place											
	De Mari	5/2	X		Duo	a-Ri	ick Fu	neral	Home	06	Dundo	ilk, Inc.
	23. PART I. Enter the disesses, or c	omplications that	caused the de	eth Do	792	2 Wi	se Au	e. Du	indal.	2. M	arulo	and 21222
	shock, Dr beart failure.	List only one ceus	on each line	,	or errier line	illode o	t dynig, soc	an se cercia	c or respi	raiory s	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Plan	+ 5	1			166	-0				Onset and Death
	resulting in death)	DUE TO (C	R AS A CONSEC	DUENCE O	yene	-0	INS		-			
2												
MICH	Sequentially list conditions, If any, leading to immediate	DUE TO (C	R AS A CONSEC	UENCE O	F):							
3	Cause. Enter UNDERLYING CAUSE (Diseese or Injury	à										
	that initiated events resulting in death) LAST	DUE TO (C	R AS A CONSEC	DUENCE O	F):							
		l										
1	PART II. Other significent conditions	s contributing to d	eeth but not re	esuiting	in the underl	ying ceu	ıse given in	Part I. 2	4a. WAS AN		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3								,	VYES 2			COMPLETION OF CAUSE
ME									7			1 YES 2 NO
ž I	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OI	DEATH	YES						/
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER.		OF DEATH (Ch					
2	1 X YES 2 □ NO 27. MANNER OF DEATH	1   Inpatient 2			4 - Nursing I							
	1 Natural 5 Pending	28a. OATE OF IN (Month, Day)		28b, TIM	URY	WORK?	2 NO	28d. DESCI	NIBE HOW I	NJURY O	CCURED	+
0	2 Accident Investigation	280 PLACE OF	12-579X	TPM		YES	2/1 NO	201 1004	2 R	X	year	a,
3 Suicide 8 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Burel Route Number. City or Town, State)												
	29s. CERTIFIER	NAM. 7. 46	110 me				(Deposition of		Rello	10 0	MK	may and
L L	(Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINE											a) and many as as a
	29b. SIGNATURE AND TITUE OF CERTIFIER			uariganit	, ar my opinio				w piece, an			
	AND THE OF CERTIFIER	4					LICENSE NUI			29d. DA		(Month, Day, Year)
2	30. A E AND ADDRESS OF PERSON WHO	COMPLETED C	OF DEATH (ITE	4 27) (Type	Print)		O.C.M	.Е.			חחד;	Y 26/94
IJ	(7/	(che	111 Pe	nn	Stree	t, F	Balti	more,	Mai	cyla	ind 2	21201
	31. DATE FILED (Month, Day, Year)	32 BEGISTRAR	SOGNATURE									

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should but the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

Jen. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** 

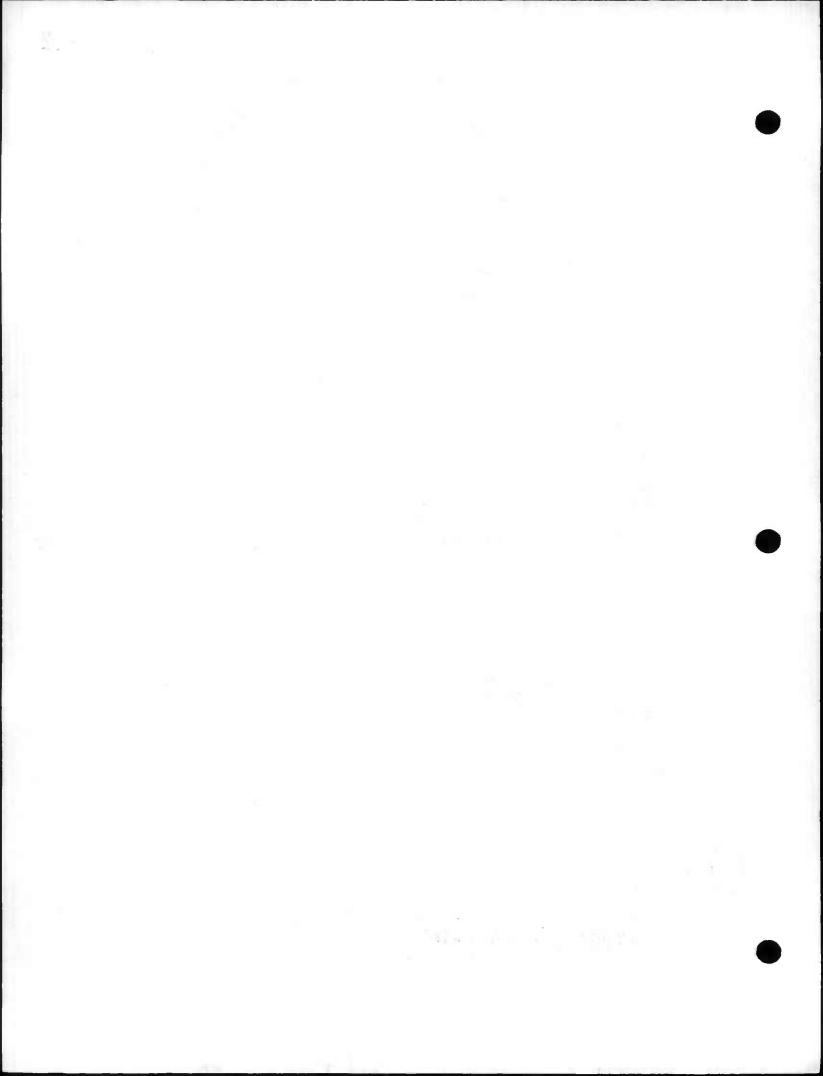
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



	FOR STATE REGISTRAR
	1. DECEDENT'S NAME
	Nancy El
	4. SOCIAL SECURIT
	198-16-1
	90. FACILITY NAME
	9000 Can
	RESIDENCE O
-	10a. STATE
	Maryland
ı	10e. STREET AND N
	9000 Can
	11. MARITAL STATUS
	1 Never Merried
	3 Widowed 4
	(Sp
	Elementary/Seco
ł	12
1	17. FATHER'S NAME
- [	Charles

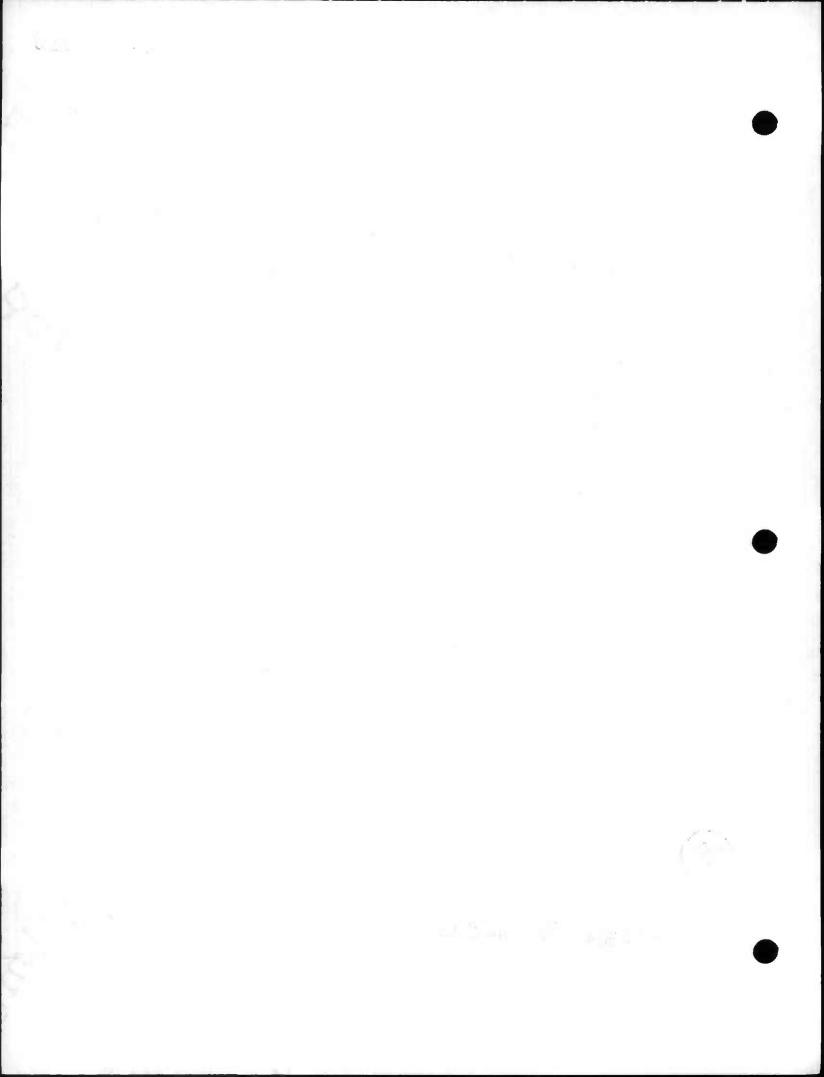
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY								ly .	YEAR	3. TIME OF DEATH					
,		Nancy Ellene Thompson Newbold  August 1, 1994  5 P.  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In vir. lent) birthday  6. LADE (In vir. lent) birthday													
		4. SOCIAL SECURITY NUMBER 198-16-1316	EA	5. SEX	6. AGE (In y	rs. last birthde	MONTA	DER 1 YEAR		R 24 HRS.	(Mont)	OF BIRTH		Countr	
pinc		90. FACILITY NAME (# not in	etitution also	AX		81 YRS	-	TV TOW	N OR LOCAT	ION OF B		29, 1			nsylvania
3 sho	۳ ا	9000 Canter					90.0	Laui		ION OF DI	EAIH			ward	
1, 2,	DIRECTOR	RESIDENCE OF DEC	EDENT					Daul	. 61					waru	
sades	뿐	10a. STATE	10b. COUNT			10c.	CITY, TOW								10d, INSIDE CITY LIMITS?
ij.		Maryland 100. STREET AND NUMBER	ŀ	loward				Lauı							1 YES 2 X NO
sit per	RA	9000 Canter	huru I	dina					101. ZIP COD	723					WHAT COUNTRY?
physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL	11. MARITAL STATUS	Duly I	12. WAS DECEDEN	IT EVER IN U.	S. ARMED	-	13. WAS D			NIC OBIGIN	I? (Specify Yes		USA	— American Indian.
		1 Never Merried 2		FORCES? 1	YES 2	2 V NO		If yes,	specify Cub ES 2 🔯 NO	en, Mexica	in, Puerto 1			Black	white, etc.
or attending r use as the	D BY	3 🖟 Widowed 4 🗌 Divo							X					оргон	white
use a	E	15. DEC (Specify onl)	highest grade	CATION completed)	16	(Give kind life. Do NO	of work do	ne during	TION most of work	ing	16b.	KIND OF BUS	SINESS/IND	USTRY	
pital o	COMPLETE	Elementary/Secondary (0	-12)	College (1-4 or 5	+)		mema	,				ш			
detach once.	MO	17. FATHER'S NAME (First, M.	iddle, Last)	γ		п	mema	ikei	18. MOT	THER'S NA	ME (First. I	II( Middle, Meiden	Sumamel		
be d	ш	Charles Tho	mpson						-		Harry St.	da Wel			
retained by the hospital or attend 5 should be detached for use as notified at once.	TO B	190. INFORMANT'S NAME (7)				19b. MAIL	ING ADDR	ESS (Stree				ber, City or Tow		Code)	
	ř	Donna E. Gw	yer			9000	) Car	terb	oury I	Ridir	ng, L	aurel,	Mar	ylan	d 20723
e 6 may be ector, page must be	1	20e. METHOD OF DISPOSITE	n 3 🗌 Rem	oval from State	cemeter	ACE AND DA	or other pla	ce)			DAT	E 20c. LO	CATION —	City or To	wn, State
direct		Donation 5 Other  21. SIGNATURE OF FUNERA		CENTER	_ Balt	imore	e-Was	hing					cel,		
death. Page 6 may a funeral director, part. I. examiner must b		21. SIGNATURE OF PUNEHA	L SERVICE LI	D III	0				AND ADDRI						Home, Inc.
		- Sand	XX.	T. MAS	age	M-									, MD 20707
5.5 0		23. PART I. Enter the di ahock, or h	seasea, or eart fellure.	complications the List only one cau	it caused the	e death. D	o not en	ter the r	node of dy	/ing, suc	h aa card	Hac or reap	ratory an	reat,	Approximata interval Batween
fille on, he		IMMEDIATE CAUSE (Findisease or condition	ai L	MIS	TAM	A 14m a	10	511		00.	110 11				Onset and Death
completely fille ial, cremation,		resulting in death)	<b>→</b>	a. OUE TO	TASTA (OR AS A CO	NSFOLIENCE	TY DE	en	CA.	RCI	0010	1			MONTHS
D 2 - 9	_				(33,1,2,1,		,								j ]
e be execute siclan and control to buria prior to buria traumatic	CERTIFICATION	Sequentially list conditi If any, leading to immed	diete	DUE TO	(OR AS A CO	NSEQUENCI	E OF):								
	2	cause. Enter UNDERLYi CAUSE (Disease or inju		c											
h certificate anding physi Hygiene pri or other to		that initieted eventa resulting in death) LAS	т .	DUE TO	(OR AS A CO	MSEQUENCI	E OF):								
death a atten ental H	CEF			d											
P . 7	AL	PART ii. Other algnifica	nt condition	contributing to	death but	not reaultir	ng in the	underly	ing cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
uires that the signed by the Health and bws any in	MEDICAL		44	reliers	01						_	1 YES 2	C-196		COMPLETION OF CAUSE OF DEATH?
een signed by of Health an	_		_0/	MARTE	>										1 YES 2 DINO
as b	AN	DID TOBACC		CONTRIBUT	E TO C	AUSE	OF DI								
SICIAN: The law requestricate has been the State Dept. of 1, or Item 23 sho	PHYSICIAN:	EXAMINER?	metrofile	HOSPITAL:	FR/Outpatie	ent 3 🗆 no	ОТН	IER:	PLACE OF I						
SICIA certifi h the	Ä	27, MANNER OF DEATH		28e. DATE OF	YRULM		TIME OF	28c. I	NJURY AT	lesidence		CRIBE HOW I	NJURY OC	CURED	
ther this cath with	ВУР		Pending Investigation	(Month, E	N/	4	INJURY		WORK?	□ NO					
R: Aft er dez		3 Suicide 8	Could not be	26a. PLACE C building,	etc. (Specify)	At home, far	m, street,	factory, of	fice			ATION (Street or Town, State)	and Number	or Rural F	Route Number,
L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his hours after death with the State Diem 28 is marked, or Item	ETE.		determined			NI	//								
E PO O	MPL	denote the second		ICIAN: To the best of											
HOSPITAL FINNERS IN TANK	COM	2 MEDI			xamination en	nd/or investig	ation, in n	ny opinion	1			end place, en	d due to th	e ceuse(e	) end manner ee stated.
PORTA E	띪	296. SIGNATUBE AND TITLE	OF CERTIFIE	n.	1				29c. LIC	ENSE NUI	WBER		29d. DAT	E SIGNED	(Monty, Day, Year)
283	5	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CALL	SE OF DEATH	(ITEM 27) (1	Vpe. Printl		10	44	7 (			5/2	-194
ļ				ASAS	83	17	CHE	MA	4 4	1.	in	nec	mi	) 2	0707
		JAUG 0 2 199	Year)	TE REGISTRA											,
		~ AUG U & 199	4 %	we an amanda	- words										



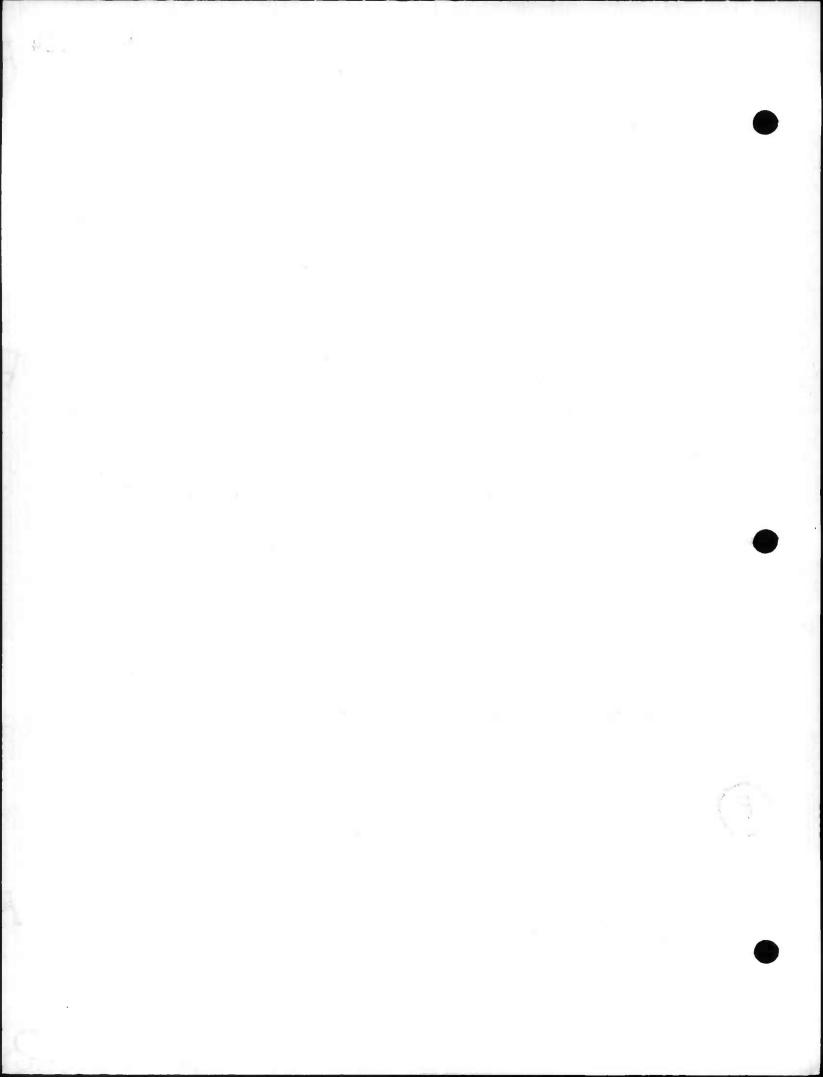
-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
-	ECEDENT'S NAME (First Middle Loop)			

		-	REGISTRAN		CENTIF	ICATE C	L DENIH	HE	G. NO.		
		ļ.	1. DECEDENT'S NAME (First, Middle, Last)	6 1				2. DATE OF DE		3. TIME OF	
			mamelia	Ogle				JULV	31 199		PH
			4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR		7. DATE OF BIS (Month, Day,	TTH B	BIRTHPLACE (State Country)	a or Foreign
ā		1	215-14-2625		85 YRS.	months on	s Hooks Mile.		7-09	H	d
phods		_ 1	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNT	Y OF OEATH	
2,		DIRECTOR	Cleridale	N.H.		Ba	170				
×.	- 13	2	100. STATE 10b. COUNTY	v	10c CIT	Y, TOWN OR LO	CATION			10d. INSIDE	E CITY
Pages			MI			Balt				LIMITS	5?
permit.	- 1	- 19	10e. STREET AND NUMBER	•		MUT	10f. ZIP CODE		10a CITIZE	1 X YES	
8.		FUNERAL	33118 ON VI	reld Ave			7/7	1 7	log. Citize	// C	e e e e e e e e e e e e e e e e e e e
Jan. -trans		#	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 480	DECENOENT OF HISPA	) /		1.J.A	L
215-0020 attending physician. ise as the burial-transit		- 11	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes	specify Cuban, Maxico	n, Puerto Rican,		I. RACE — America Black, White, atc.	n Indian,
DO a	i	፳	3 Widowed 4 Divorced	IF YES, GIVE WAR OR L	DATES/	1 '''	res 2 NO Specil	y:		Specify: Bla	ck-
215-0 attending se as the	1 6	3	15. OECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND	OF BUSINESS/INDUS	TRY	9,-
Amount of the case of		-	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working				
ND hospital	و ای	<u> </u>	9th		unk	nown					
RYLAND ed by the hospit uld be detached	once.	COMPLE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Melden Surname)		
YLA by the	76	H H	Johnathan	Ogle			Eva	Ma	e. Tou	291	
IARYLAND 2- tained by the hospital of should be detached for			19a. INEQRMANT'S NAME (Type/Print)	1	19b. MAILING	ADDRESS (Stre	et and Number or Aural	Route Number, Cit	y or Town, State, Zip C	ode)	
رب ≥ ح	100	<b>-</b> ∥	Kegina Walk	Zer Bey	330	18 6	ak Res	1 Auc	- Bals	4. red :	21207
M ~ @	tt pe		20s. METHOD OF DISPOSITION		b. PLACE OND DATE		(Name of	OATE,	20c. LOCATION — CI	y or Town, Stata	
ကြဖ္ခ	must		1 Surial 2 □ Cremation 3 □ Remote 4 □ Donation 5 □ Other (Specify)	oval from State Cel	metery; crematory or o	ther place	y ftak	. 8/4/94	Kanda	11. strul	n. Kul
Page al direc	je l		21. SIGNATURE OF FUNERAL SERVICE LIC	HISEE	, 7	22. NAMI	AND ADDRESS OF FA	CILITY	T	AIGIOOVI	11-11
ALT death. funera	examiner			May 1		Ya	ich F.t	f. Was	1 1	1	
四声音		-	Jack State S	1 rays	)	/-	430	10 W	abast	Hue	
ours af In by or remo	medical	1	23. PART i. Enter the diseases, or o shock, or heart failure.	List only one cause on a	ed the death. Do i sach ilna.	not enter the	mode of dying, suc	th as cardiac o	r respiratory arres		roximsta vai Between
filled on or			IMMEDIATE CAUSE (Final							Onse	et and Death
tely Hati	event, the		resulting in desth)	. Cord	A CONSEQUENCE O	mona	uso her	rest			
68760 ecuted with and comple burial, cre						F):	,				
687 eccuted and con burial,	atc	5	Sequentially list conditions,	a Covon	00-4	money	disea	رين			
BOX cate be ex hysician a	traumatic		If sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O		. )				
	2 3	3	CAUSE (Diseese or injury	c. QEO	A CONSEQUENCE O	Sour	1)				
ocertification of Hygien	other		that initiated events resulting in death) LAST	0/ 1 m/	/ -	rg. 				į	
te at a	Y. Or	CERTIFICATION		d	refes	nej1, te	<u>5</u>				
- to	20 1	- 11	PART II. Other significant condition	a contributing to dasth	but not resulting	in the underl	ying cause given in	Part i. 24e.	WAS AN AUTOPSY	24b. WERE AUTO	
that the same	any	EDICAL	5/p Cerchany	mocular.	acciden	+		1	YES 2. NO		N OF CAUSE
			Hy sertenson	20						OF DEATH?	10.0
AL RE te law req has been Dept. of	60	Σ	obe situ								
AL he law	Item 23	Z	25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF DEATH (C/	neck only one)			
N: The ficate   State	E 5	2	EXAMINER?	HOSPITAL: 1 ☐ Impetient 2 ☐ ER/Out	Instinct 3 DOA	OTHER:	fome 5 - Residence	e 🗆 Other (See	-16.3		
VISION OF VITAL RE ATTENDING PHYSICIAN: The law requ ECTOR: After this certificate has been s after death with the State Dept. of H	1, 0,	PHYSICIAN	27. MANNER OF DEATH	28s. OATE OF INJURY	28b. TIR	E OF 28c.	INJURY AT		HOW INJURY OCCU	REO	
PHYS this with	-	- 40	Natural 5 Pending	(Month, Day, Year)	IN.	JURY	WORK?				
DIVISION OF VITAL RE OR ATTENDING PHYSICIAN: The law requ DIRECTOR: After this certificate has been hours after death with the State Dept. of It	E	5	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJUR	Y At home, farm,			28f. LOCATION	(Street and Number or	Rural Route Number	,
after after	8 2	3	4 Homicide 8 Could not be	building, atc. (Spe	ectly)			City or Tow		Horar Houte Humon	'
OR AI DIRECT	E I		29a. CERTIFIER								
Z K Z	2		(Check only	CIAN: To the best of my know							
TO THE HOSPITAL TO THE FUNERAL De filed within 72		31		R: On the besis of examination	on and/or investigation	on, in my opinio	n, death occured at the	time, deta and p	laca, and dua to the	seuse(s) and manne	ir as stated.
五 五 五 章	POPTANT	u II.	9b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day,	. Year)
5 5 3		2	Consul M	Money			D 449	07	2	11/94	
	1,	-	30. NAME AND AGORESS OF PERSON WH	A .	21	Print)	1201	1	1		
			CONSUELO M.	Hranes		54 6	U BRL	reder	e Ave	_ 2121.	5
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL	HYGIENE REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE O	E OEATH		3. TIME OF OEATH
1	Frank Walla	ce Otwell	Jr.			Aug	1 DAY	994 YEAR	8:29am
	222-20-5634			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		8. BIFT	INPLACE (State or Foreign orty) elaware
OB	9a. FACILITY NAME (If not institution, give atreet  11 Tamarac Tra				dle Ri		9	c. COUNTY OF Bal	timore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	altimore	10c. CITY,	TOWN OR LOCAT	Midd:	le Ri	ver		10d. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER			10f.	ZIP CODE				1 YES 2 NO
Ä	11 Tamarac					1220		USA	
B≺	11. MARITAL STATUS  1 Never Married 2 T Married  3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. / FORCES? 1 YYES 2 I IF YES, GIVE WAR OR DATES		If yea, spe	ENDENT OF HISPAI Helfy Cuban, Maxica 2 XNO Specifi	n, Puarto Ri	(Specify Yes or can, etc.)	Bla	CE — American Indian, lock, White, etc.  White
LETED	15. DECEDENT'S EOUCATI (Specify only highest grade com Elementary/Secondary (0-12)	pleted)	DECEDENT'S U (Give kind of wo life. Do NOT use	ISUAL OCCUPATIO ork done during mos retired.)	N st of working	16b. I	(IND OF BUSINE	ESS/INDUSTRY	
COMPL	12th		Truck	Drive	r				
8	17. FATNER'S NAME (First, Middle, Last)	11 0			18. MOTHER'S NA				
띪	Frank W. Otwe		_		•	dela		reen	
일	19a. INFORMANT'S NAME (Type/Print)  Mary Otwell				nd Number or Rural Trail				21220
	20m. METHOD OF DISPOSITION	200-0140					_		
	1 Buriel 2 Semation 3 Removal 4 Donation 5 Other (Specify)	from State cemetery. c	crematory or oth	FDISPOSITION (Nai er place) 'emator	0.40	DATE /Q/		10N - City or	re Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Ба	II CIMO	re ma.					
	23. PART I. Enter the diseases, or com	y Connell	Lu	300	11y Fu	ve.	Baltim	nore M	ssex d. 21221
CERTIFICATION X	shock, pr heart failure. List iMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONS DE TO (OR AS A CONS OUE TO (OR AS A CONS	AREQUENCE OF)	rifus	Sease				Onset and Der
MEDICAL	PART II. Other significent conditions of	ontributing to death but not	t resulting in	the underlying	csuse given in		PERFORME  1 YES 2	D?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ÿ	DID_TOBACCO_USE_CO	INTRIBUTE TO CA	USE OF	DEATH Y	ES N				
SICIAN		OSPITAL: Inpatient 2 ER/Outpatient		OTHER:	ACE OF DEATH (Ch				
у РНУ	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WOI		28d. DESC	RIBE NOW INJU	RY OCCURED	·
ЕТЕВ ВУ	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — A1 building, etc. (Specify)	28s. PLACE OF INJURY — At home, farm, street, factory, office				TON (Street and Town, State)	Number or Rura	I Route Number,
COMPLE		: To the best of my knowledge, in the basis of examination and/o							(a) and manner as stated.
O BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	No Van	E. lon	n5. MD)	29c. LICENSE NUI	MBER 2729	25	d. DATE SIGNE	ED (Month, Day, Year)
X	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (IT	Belak	Print)	Soile	205	Bal	A, rug	21236
	AUGU Z 1994								



1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1 🗌 M 2 🗍 F

Christopher
4. SOCIAL SECURITY NUMBER

093-62-8728

9a. FACILITY NAME (If not institution, give street end number)

J. Laron Locke M.D.

31. DATE FILED (Month, Day, 16ar) AUG 02 1994

1 - STATE REGISTRAR

YEAR

994

9c. COUNTY OF DEATH

2. DATE OF DEATH DAY

July

4-4-65

7. DATE OF BIRTH (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1	or En	200
~	E	E 19	28
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	0	0 8	3
	TO THE HOSPITAL OP-ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL ORECTOR: A set this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours, a randean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is plarted, or Item 23 shows any injury, or other traumatic event, the medical examiner n
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. 2, 3	FUNERAL DIRECTOR	3918 Sher	iton	Road			Gai	rrison			В	alti	more
Pages 1		10a. STATE MD.	10b. COUNTY BAI			10c. CITY, TO	WN OR LOC	ATION					IOd. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER	DAL	71.			T	IOF, ZIP CODE	_	1	10a CITIZ		I YES 2 NO
. Jack		3918	SHENT	ON ROAD				21133				J.S.2	
21215-0020 al or attending physician. for use as the burlat-transit	ВҰ	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor		12. WAS DECEDENT EVE FORCES? 1 XYI IF YES, GIVE WAR OF	ES 2 N		If yes, a	ECENDENT OF HISPANIC apecity Cuben, Mexican, ES 2 NO Specity:				14. RACE -	- Americen Indian, White, etc.
attend use as	윤		DENT'S EDUC			EDENT'S USUA			16b. KII	D OF BUS	INESS/IND	USTRY	
LAND 21 the hospital or detached for u	BE COMPLET	Elementary/Secondary (0-	12)	College (1-4 or 5+)	He.	Do NOT use retir	red.)			GR	OCER	V C1	rope
MARYI retained by 5 should be notified at		17. FATHER'S NAME (First, Mic ROBERT PA	YNE					18. MOTHER'S NAME DOROTE		le, Malden S	Surneme)		
	TO B	190. INFORMANT'S NAME (7/2) DEBRA PA						ond Number or Rural Roy ON ROAD I			. ,	,	21133
		20a METHOD OF DISPOSITION 1	3 🗌 Remo	oval from State	20b. PLACE A	ND DATE OF DIS	SPOSITION (I	Name of	8/3	20c. LOC	eation – c	City or Town	n, State
BALTIMORE, ther death. Page 6 may be the funeral director, page oval. al examiner must be		21. SIGNATURE OF FUNERAL	SERVICE LIC		· >		22. NAME	AND ADDRESS OF FACILITY OF FAC	ITY			2	21216
P.O. BOX 68760,  Int certificate be executed within 24 hours after tending physician and completely filled in by the all thygiene prior to burial, cremation, or removal or other traumatic event, the medical is	CERTIFICATION	23. PART . Enter the disabook, or he immediate CAUSE (final in the condition resulting in deeth)  Sequentially list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injuritat initiated events resulting in death) LAST	ona, lete	DUE TO (OR A	S A CONSEO	UENCE OF):	onter the m	Ls to	na cardloc	or reapis	ratory arre	eat,	Approximata Interval Betwee Onset and Das
RECORDS, requires that the designed by the at of Health and Ment shows any injury.	PHYSICIAN: MEDICAL CEI	PART II. Other algorifican		a contributing to death					irt I. 24	PERFOR	MED?	6	VERE AUTOPSY FINDING NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 \( \sqrt{1}\) NO
AL F he law has be bept. n 23 s	IAN	25. WAS CASE REFERRED TO		CONTRIBUTE TO	- CAUC			PLACE OF DEATH (Check	only one)	-		1	
- F 2 7 6	SIC	EXAMINER? 1 XYES 2 NO		HOSPITAL: 1   Inpetient 2   ER/O	Outpatient 3	DOA 4		ome 5 Residence 6		pecify)			
N OF G PHYSIC r this cer h with th arked, c	ву РН	a Deutstate	westigation	28e. DAXE OF INJUR (Month, Day, Ma) 28e. PLACE OF INJUR 28e. PLACE	14	28b. TIME OF INJURY 2143	28c. II W 1	NJURY AT YORK?  YES 2 NO	Sd. DESCRI	BE HOW IN	vizh	ji-	Harting
DIVISIO OFFICE OIN OINECTOR: A NOW EIFFI des	E	4 Homicide d	ould not be elermined	building, etc. (S	specify) Re	side	rce	2	3918	wn, State)	Len	ty	J PD,
<u>₹</u> ₹ ₹ ₹	COMPL			CIAN: To the best of my kn									end manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE C	298. SIGNATURE AND TITLE (	~	loste	mo			29c. LICENSE NUMB					Month, Day, Year)
160		30 MAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Print)	)						

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Payne

YRS.

6. AGE (In yrs. last birthday)

29

94 22525

3. TIME OF DEATH

0345

Approximata Interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

Blowking

111 Penn Street, Baltimore, Maryland 21201

July 28 1994

8. BIRTHPLACE (State or Foreign Country)

KANSAS

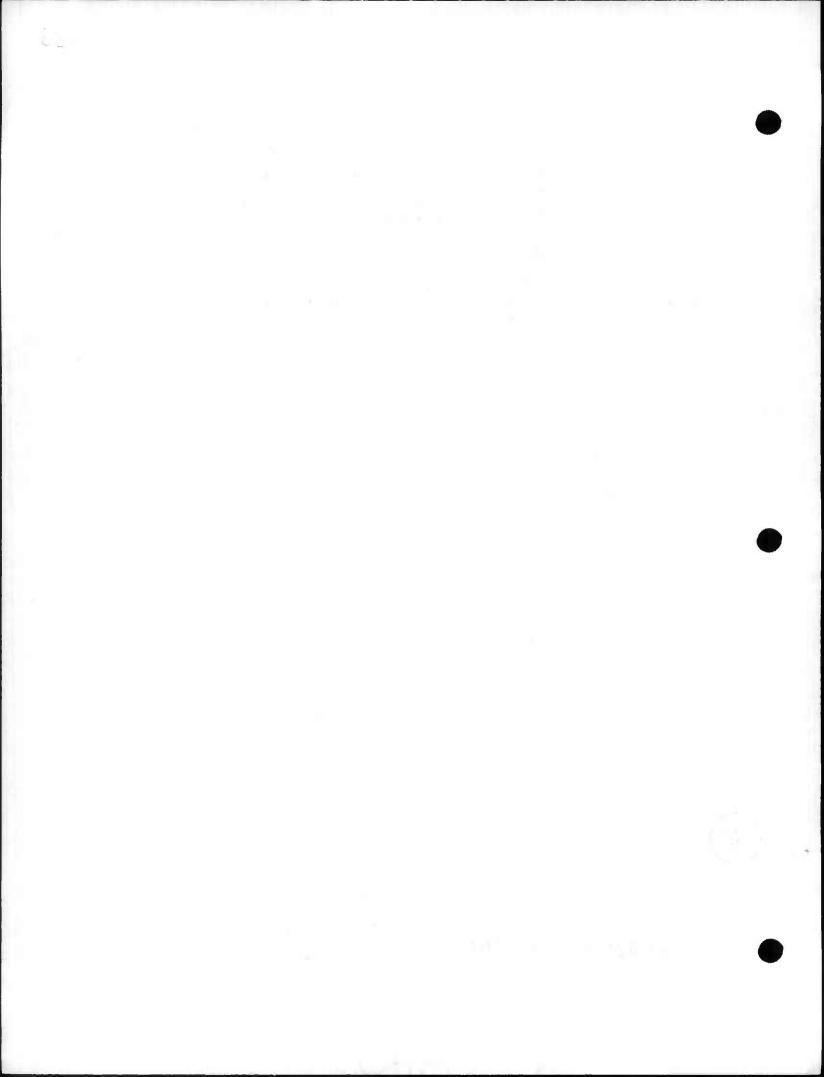
Committee Committee

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NNG PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or a	Wher this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	leath with the State Dept. of Health and Mental Hygiene prior to b	
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10 F	ter t	ath	4
=	400	9	

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEA		NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Las	0			2.	DATE OF DEATH		3. TIME OF DEATH	
	HELEN PERRO	TTI				монтн 7 — 31	-1994	6:14 a m	
1 3	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)			DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign	
1 8	217-22-2310	1 🗆 M 2 💢 F	86 YRS.	MONTHS DAYS HO	DURS MIN.	8-27-1			
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR L	OCATION OF DEATH	1	9c. COUNTY OF	DEATH	
l a	MERIDIAN HERI	TAGE N. HOM	E	DUNDAI	LK		BALTI	MORE	
<u>[</u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	(TY	10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY	
DIRECTOR	MARYLAND BAI	LTIMORE		DUNDALK				LIMITS?	
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	7232 GERMAN F	HILL RD.	21222				U.S.		
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECEND	ENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			Y Cuban, Maxican, Pi X NO Specify:	uario Rican, etc.)		Black, White, etc. Specify:	
		<u> </u>						WHITE	
COMPLETED	15. DECEDENT'S ED (Specify only highest gra	de completed)	(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of	l working	16b. KIND OF BUS	BINESS/INDUSTRY		
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)		RANTEUR		DECTI	URANT (	MMED	
WO	17. FATHER'S NAME (First, Middle, Last)		RESTO		MOTHER'S NAME	First, Middle, Maiden		DMNEK	
	JOSEPH HUTKA	I			UNKNOWN		oomenay		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	AODRESS (Street and N	Number or Rural Route	Number, City or Tow	n, State, Zip Code)		
2	JOHN M. SENEY		P.O.	BOX 970	1 BALTO	).,MD.	21284.		
	20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Re			F DISPOSITION (Name of			CATION — City or	City or Town, State	
	4 Donation 8 Other (Specify)		UPLAND (	CEMETERY			ILAND,		
	21. SIGNATURE OF FUNERAL SERVICE I	JICENSEE		HENRY	W. JEN	NKINS &	SONS (	30.	
	William K	· Paus 11	1	4905	YORK RI	BALT	O., MD.	21212.	
	23. PART I. Enter the diseases, or abook, or heart failure	r complications that cause a. List only one cause on e	d the death. Do n	of enter the mode	of dying, such as	cardiac or reapi	raiory arreat,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition	0	(	1-0	cident			Onset and Death	
	disease or condition resulting in death)  a. Cerebrougicular Accident  DUE TO (OR AS A CONSEQUENCE OF):							2 MIKI	
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF	);					
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF	):					
ERIT	resulting in death) LAST	d							
	PART II. Other significant condition	ons contributing to death t	out not resulting is	n the underlying ca	suse given in Par	t I. 24s. WAS AN	ALITOPSV 2	Ib. WERE AUTOPSY FINDINGS	
CAL	None			. the underlying of	ause given in rai	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
ED						1   YES 2	□ NO	DF DEATH?	
7	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH YES	I NO	त		1 TES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Check	only one)			
SIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	petient 3 🗆 DOA	OTHER: 4   Nursing Home 5	Residence 6	Other (Specify)			
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME			d. DESCRIBE HOW I	NJURY OCCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 TES	2 NO				
	3 Suicide 8 Could not b 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home, lerm, s cify)	treet, factory, office	28	I. LOCATION (Street a City or Town, State)	and Number or Rure	I Route Number,	
<u>"</u>	290. CERTIFIER 1 THE CERTIFYING PHY	/SICIAN: To the best of my know	uladas, danth assure						
COMPLETED		NER: On the beats of examination						r(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIF	IER A		29	C. LICENSE NUMBER	2	29d. DATE SIGNI	EO (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	EATH (ITEM 27) /Torse	Print)	77101	1	8/1	114	
	THEODORE STEE	PHENS M.D.	1576 ME	•	LVD. DUI	NDALK,M	D.		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
	L AUG 0 2 1994 /	ETHA EN MINISTER - BANK	A STATE OF THE STA		<u></u>				



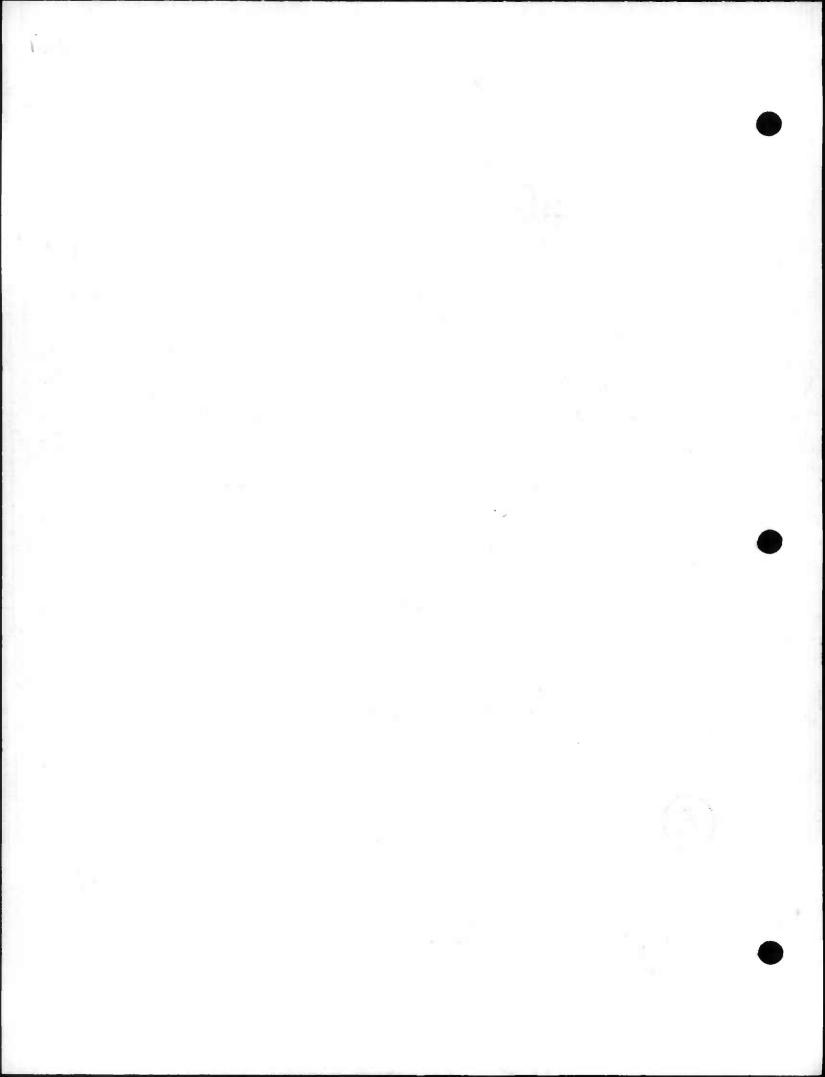
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within property. Fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

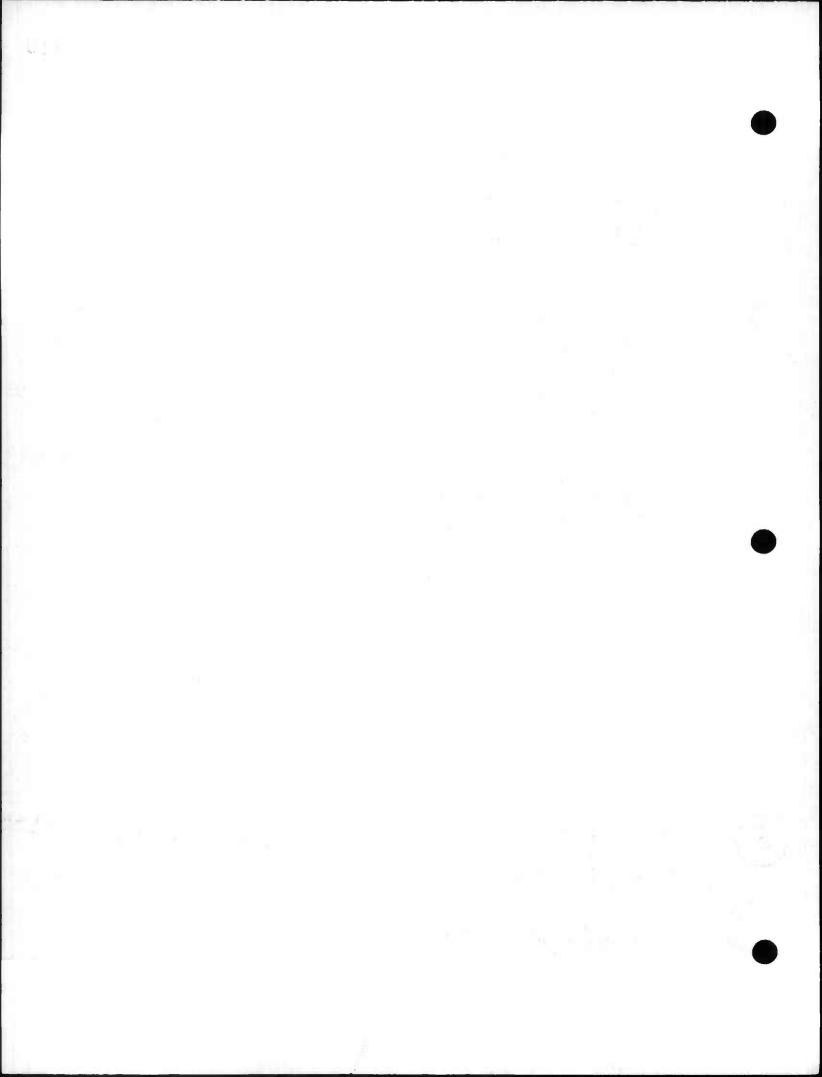
	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAI	L HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) PAUL	L.	PAR				of DEATH	1994 **	3. TIME OF DEATH 10:00 D M	
	4. SOCIAL SECURITY NUMBER 213-09-0495		(In yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE (	OF BIRTH 20%19	0.1	BIRTNPLACE (State or Foreign VIRGINIA	
OR	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPK	,		96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  9c. COUNTY OF DEATH  n/a						
DIRECTOR	RESIDENCE OF DECEDENT  108. STATE 10b. COUNTY  MARYLAND N		10c. CIT	10c. CITY, TOWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 14 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	E. HOFFMA	AN STREET				10g. CITIZEN UNITE	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  XX Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S  FORCES? 1 YES 2  IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Ricen, etc.)  1 YES XIX NO Specify:  1. YES XIX NO Specify:				RACE American Indian, Black, White, atc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of s life. Do NOT us	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working LABORER  16b. KIND OF BUSINESS/INDUSTRY  STEEL WORKER							
ш	17. FATHER'S NAME (First, Middle, Last) MERRIT PAR	KER			18. MOTNER'S NA	AME (First, A		Surname) GINS	· ·	
TO B	196. INFORMANT'S NAME (Type/Print)  LARRY PARKER		19b. MAILING 2621	E. HO	et and Number or Rural FFMAN ST				iaryland #13	
	20a. METHOD OF DISPOSITION  1 XDBurlel 2 Cremation 3 Removal from State  4 Donalton 6 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place)  BALTIMORE  20c. LOCATION — City or Town, State  BALTIMORE, MARYLAND									
	21. SIGNATURE OF FUNERAL SERVICE LIC	m. K	vær	WM	. C. MARC	HFH				
	shock, or heert failure. Liet only one cause on each lina.								Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (DISEASE CAUSE (DISEASE (DISEASE CAUSE (DISEASE (DISEASE CAUSE (DISEASE CAUSE (DISEASE (DISEASE CAUSE (DISEASE (DISEASE CAUSE (DISEASE								3 yrs	
CERTI	that initiated events resulting in death) LAST	J							'	
EDICAL	PART ii. Other significent condition	e contributing to deeth i	but not resulting	in the underly	ring ceuse given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	DID TOBACCO USE O	CONTRIBUTE TO	CAUSE OF	DEATH	YES N				1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	method 2 - DOA	OTHER:	PLACE OF DEATH (C)					
HX	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT	_		NJURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				WORK? YES 2 NO					
E	1 Suicide 6 Could not be determined	Y — At home, farm, socily)	p, farm, street, lactory, office  28f. LOCATION (Street and Number or Rural Rout City or Town, State)			Rural Route Number,				
Julo		CIAN: To the best of my known							use(s) and manner as stated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
	21 22	eine Hospi	tul	Balti	novy A	4)				
	AUG 0 2 1994	32. REGISTRAR'S SIGN	MATURE							



DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)	unthuá "	Par	Ker		MONTH SEATH	31, 199	2. TIME OF DEATH M	
Pļ		212-84-1738	¹□M2K□F 31	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Morith, Day, Year) 6/22/19	/ 0	HATHPLACE (State or Foreign Country)	
2. 3 should	стов	90. FACILITY NAME (If not institution, give stre  LEVINDALE NURS  RESIDENCE OF DECEDENT				trimore	н	9c. COUNTY	OF DEATH	
Pages 1,	DIREC	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
permit. P		Maryland  10e. STREET AND NUMBER			Baltimo	. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?	
ansit p	VERAL	5316 Fern Park	Avenue			21207		200	JSA	
215-0020 attending physician. ise as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPANIC scify Cuben, Mexican, F			RACE — American Indian, Black, White, etc. Specify: Black	
	ETED	15. DECEOENT'S EDUCA (Specify only highest grade of	ompleted)	Give kind of v	USUAL OCCUPATION Work done during mo	ON st of working	25-27/00 0	USINESS/INDUSTI	RY	
M 4 5	APLE	Elementery/Secondary (0-12) 12th	College (1-4 or 5+)		uticiar	n	Entr	eprene	ur	
4 5 5 E	COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME				
W 5 5 3	) BE	Arthur W. Nel  190. INFORMANT'S NAME (Type/Print)	son	19b, MAILING	ADDRESS (Street e	nd Number or Rural Rou	a Fergu	_	e)	
- 2 8 e	2	Clarina Nelson				rk Aven		to., M		
ORE ector, pa		20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	rel from State 20b. PL/cemeter	ACE AND DATE Of all V. cremetory or all UDON	OF DISPOSITION (Ne ther piace) Park			ocation - city of	or Town, State Te, Maryland	
SALTIN r death. Pag e funeral dir al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICE		#1	LEROY		TT & SO	N FUNE	RAL HOME	
P.O. BOX 68760  In certificate be executed with hours and and physician and completely filled in by Hyglene prior to builal, cremation, or remore or other traumatic event, the medical or other traumatic event, the medical	ERTIFICATION	23. PART i. River the disease of co- aheck, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	relong	arre		siratory arrest,	Approximate interval Between Onset and Death	
RECORDS v requires that the been signed by the rt, of Health and Me shows any inju	N: MEDICAL CE	PART II. Other significant conditions	contributing to death but a	not resulting i	in the underlying	g cause givan in Pa	rt i. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2	
E as a = =	SICIA		HOSPITAL:		OTHER:	ACE OF DEATH (Check				
TSION OF VIT.  TTENDING PHYSICIAN: The TOR: After this certificate after death with the State 28 is marked, or item	Y PHYSICIAN	27. MANNER-OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ URY WO	e 5 Residence 8 URY AT RK? /ES 2 NO	Other (Specify)  Bd. DESCRIBE HOW	INJURY OCCURE	:D	
	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, s	street, factory, office	20	Bf. LOCATION (Street City or Town, Stete		ural Route Number,	
OSPITAL DR WERAL DY E ITHIN TE NOUS INT: If Item	COMPLE	onel	AN: To the best of my knowledg						use(e) and manner ee stated.	
TO THE HOSPI TO THE RUER De filed within	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  Mey auc	M.D.			D448	r 17.	≥ Au	G. 15+1994	
7		SUNIV P- RA J	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	W Be	lver de	ne Ar	R 21	1215	
2		AUG 0 2 1994	32. REGISTRAR'S GIGNATU	RE (						



SALIMONE, MANILEANE	nours are death. Page 5 may be retained by the ho lied in by the funeral director, page 5 should be detact	n, or removal.	a medical examiner must be notified at once.	
	TO THE HUSPITAL OR ALLENDING PHYSICIAN; The law requires that the death certificate be executed with properties after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours mer dean with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If ited 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

CHARLES	p()						2. DATE OF DEATH		3	TIME OF DEATH	
	D		P	ARDOE			07 30	AY )	YEAR	3:10 PM	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in	yrs. last birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF BIRTH		A. BIRTHPL	ACE (State or Foreign	
212-03-9747	1 <u>√</u> M 2 □ F	82	YRS.	MONTHS DA	AYS HOURS	MIN.	AUG. 2,19	11	MARY.	LAND	
Sa. FACILITY NAME (If not institution, giv	Da. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOV					UNTY OF DEA	тн	
NORTH ARUNDEL HO	OSPITAL AS	SSOCI	ATION	GLE	N BURN	IE			A.A. (	COUNTY	
RESIDENCE OF DECEDENT  10e. STATE  10b. COU				Y. TOWN OR L	OCATION					Dd. INSIDE CITY	
anextrep)									LIMITS?		
MARYLAND ANN  100. STREET AND NUMBER	WE ARUNDEL		PA	SADENA	101, ZIP COD			T 40= OF	TIZEN OF WHA	YES 2 NO	
646 POWHATAN BEA	CH ROAD		150			122				ED STATES	
11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR			2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)					s or No		- American Indian, White, stc. WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)		1	IGA. DECEDENT'S				16b. KIND OF BL	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	ng most of worki	ng					
9			ROUTE	SALESM	IAN		LAUNDR	Y BUS	SINESS		
17. FATHER'S NAME (First, Middle, Last)							AE (First, Middle, Maider	Surname)			
CHARLES	W.		PARD	OE	RE	BECC	A L	•	1	BOWEN	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	treet and Numbe	r or Rural R	loute Number, City or Tox	vn, State, Z	ip Code)		
MRS. ETHEL L. PA	RDOE		646 PC	WHATAN	N BEACH	ROA	D PASAD	ENA,	MARYL	AND 2112	
20a. METHOD OF DISPOSITION  1////Burlal 2   Cremation 3   Re	amoval from State		LACE AND DATE		N (Name of		DATE 20c. LO	CATION -	- City or Town	, Stata	
Donation 5 Other (Specify)			ery, crematory or o		RIAL PA	RK 8	/3/94 GLE	N BUI	RNIE.	MD.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	, //-		22. NA	ME AND ADDRE	SS OF FAC	HLITY				
► 7/.A.	4/1/	1/	)				AL HOME O			21122	
23. PART I. Enter the diseases, of	or complications the	AR .	the death De				RD. PASAD			21122	
Sequentially list conditions,  Due to (or As a consequence of):  Sequentially list conditions,  Due to (or As a consequence of):  Due to (or As a consequence of):  Due to (or As a consequence of):								Onset and Da			
CAUSE (Disease or injury that initiated events resulting in death) LAST	_ d		a CONSEQUENCE OF):								
DART II Other of the car	PART II. Other significant conditions contributing to de Chrimin New Conditions Chrimin Mels Chrimin 1967										
PART II. Other significant conditions of the con			hilm	inn	my d	nis	PERFO	RMED?	At Ci	ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO	
Driking Christian Christia	to me	ents	tribus	OTHER:	PLACE OF D	PEATH (Che	PERFO 1   YES	RMED?	At Ci	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	elifs In	tris (	OTHER:	26. PLACE OF D	PEATH (Che	PERFO 1 YES  with the control one)  B Other (Specify)	RMED?	Al Ci	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D	ER/Outpet	toris Co	OTHER: 4   Nursing	26. PLACE OF D	PEATH (Che	PERFO 1   YES	RMED?	Al Ci	MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inputtent 2   28a. DATE OF (Month, D	ER/Outpet	lent 3 DOA	OTHER: 4   Nursing IE OF JURY M 1	Homa 5 R.  c. INJURY AT WORK?  YES 2	PEATH (Che	PERFO 1 YES  Other (Specify) 28d. DESCRIBE HOW	RMED? 2  NO	A C C C C C C C C C C C C C C C C C C C	MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Inputient 2  28a. DATE OF (Month, Den) 28a. PLACE Openium	ER/Outpet	thing Colored a DOA  28b. TiN  At home, farm,	OTHER: 4   Nursing IE OF JURY M 1	Homa 5 R.  c. INJURY AT WORK?  YES 2	PEATH (Che	PERFO 1 YES  with the control one)  B Other (Specify)	RMED? 2 NO INJURY Or	A C C C C C C C C C C C C C C C C C C C	MILABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 8 determined  29a. CERTIFIER (Check only 1 CERTIFYING PH	HOSPITAL: 1 Inputient 2  28a. DATE OF (Month, Den) 28a. PLACE Openium	ER/Outpet EINJURY - etc. (Specify	lent 3 DOA 28b. Till IN.  All home, farm,	OTHER: 4   Nursing IE OF   28- IURY M   1 etreet, factory,	26. PLACE OF D Home 5 R. C. INJURY AT WORK? YES 2 office	DEATH (Che saldence NO	PERFO 1 YES  1 YES  Other (Specify)  28d. DESCRIBE HOW  28i. LOCATION (Street City or Yown, State to the cause(a) and ma	RMED? 2 NO INJURY Of and Number	CCURED  ar or Rural Rou	MILLABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 Eas. DATE OF (Month, Dutlding, VSICIAN: To the best of entire).	ER/Outpet EINJURY - etc. (Specify	lent 3 DOA 28b. Till IN.  At home, farm,  Sige, death occurrend of the second of the s	OTHER: 4   Nursing IE OF   28- IURY M   1 etreet, factory,	26. PLACE OF D Home 5 R. C. INJURY AT WORK? VES 2 office  data and place lon, death occu	DEATH (Che saldence NO	PERFO  1 YES  1 YES  1 YES  1 YES  2 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State to the cause(a) and mattime, date and place, a	RMED?  2 NO  INJURY Or and Number as at and due to a	CCURED  ar or Rural Rou  ated. the cause(a) a	MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not a determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D 28a. PLACE O building,  YSICIAN: To the best of INER: On the basis of e	ER/Outpatt  ER/Outpatt  FINJURY  Pay, Year)  OF INJURY  etc. (Specify)  If my knowled  EXAMPLE OF DEAT	lent 3 DOA  28b. Till IN.  At home, farm,  Sige, death occurr and/or investigated	OTHER:  OTHER:  A I Nursing  E OF JURY  M 1  etreet, factory,  ed at the time, on, in my opini	28. PLACE OF D Home 5 Ri C. INJURY AT WORK? 1 YES 2 office  deta and place lon, death occu	DEATH (Che psidence NO	PERFO 1 YES  1 YES  1 YES  1 YES  2 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Yown, State to the cause(a) and mattime, date and place, as BER	INJURY Of and Number of the total part of the to	CCURED  or or Rural Rouse(a) a  TE SIGNED (A	MILABLE PRIOR TO DOMPLETION OF CAUS F DEATH?  YES 2 NO  No No No No No No No No No No No No No N	

production of the state of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DALIMONE, MANILAND	ours after death. Page 6 may be retained by the ho	I in by the funeral director, page 5 should be detact or removal.	medical examiner must be notified at once	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a within a sher death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest)  ETH Marv	( ) D				2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-36-6008	1 □ M 2 및 F	76 YRS.	IF UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.		7, 1917	Ma	ryland			
TOR	9a. FACILITY NAME (# not institution, give 28 Old Dominion RESIDENCE OF DECEDENT	evilla en en en			nsville	EATH	9c. COUN Ba		ore County			
DIRECTOR		imore Co.		town or locat				10d. INSIDE CI LIMITS? 1 YES 2 [				
FUNERAL	100. STREET AND NUMBER  28 Old Dominio	n Ct.		101	21228			10g. CITIZEN OF WHAT COUNTRY?  USA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 MIND				en, Puerto Rica	specify Yea or No-					
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	-	rk done during mo retired.)	ON st of working		ND OF BUSINESS/INDO	BINESS/INDUSTRY					
NO.	17. FATHER'S NAME (First, Middle, Last)	Practica:	18. MOTHER'S NAME (First, Middle, Malden Surname)					e Hospital				
John Elias Richarts Rose Carey Sipe							ipe					
2	19a. INFORMANT'S NAME (Type/Print)  Mr. Michael Peac	h		Dominic			City or Town, State, Zip					
	20a. METHOD OF DISPOSITION	206	D. PLACE AND DATE OF netery, crematory or other	DISPOSITION (Na								
	t ⊠ Burial 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	Woodstoc	ck, MD									
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSCOUENCE OR:											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other significent condition	ns contributing to death b	out not resulting in	the underlying	j cause given in		PERFORMED?  YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		_	26. PL	ACE OF DEATH (CA	eck only one)						
YSIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs		THER:	5 Residence		pecify)					
H	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	WO!	RK?	28d. DEŞCRI	BE HOW INJURY OCC	URED				
red BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, streetly)	M 1 1 Y		261. LOCATIO City or To	N (Street and Number ( wn, State)	or Aural Ac	oute Number,			
COMPLETED		GICIAN: To the best of my know							and manner as stated.			
TO BE C	290. SIGNATURE AND TITLE OF CERTIFIER WWW C. DUM M. D.								Month, Day, Year)			
۴	July E. Blum M.D.	Muray Hospital	; 301 St. Pa	ul Place	· Baltim	ire MD	2/202					
	AUG 0 2 1994 Jah	32. REGISTRAR'S SIGN										

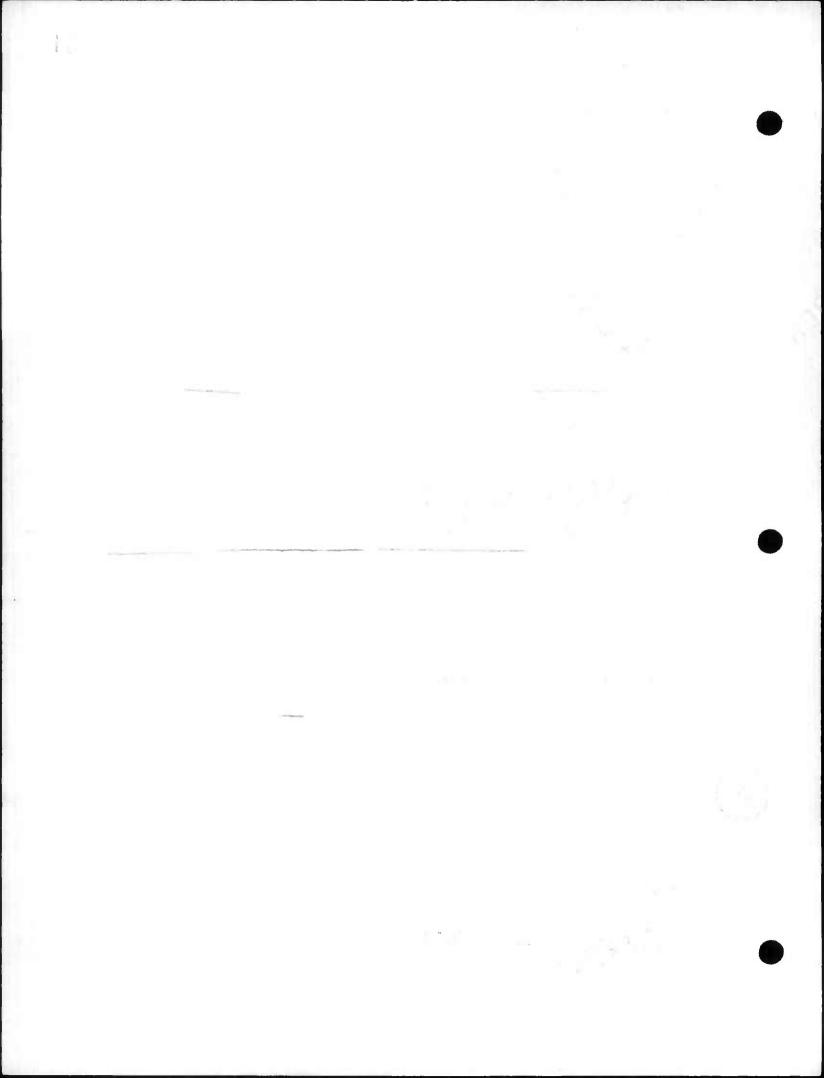
06038 46

St. Alphonsus Church Cem. 8-1 Woodstock, MD in K Ando

Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133

ITEMS: 23 PART I, II, PER MEO FILM G-716 10/21/94 t.t

		1 - STATE REGISTRAR	STATE OF M	IARYLA	ND / DEPA					MENTAL	HYGIEN REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)			02.11.11	TOATE		ULA		2. DATE OF DEATH 3. TIME OF DEAT					
		BASIL		OUEEN					JULY 31 1994			1:00P	M		
		4. SOCIAL SECURITY NUMBER	yrs. lest birthday)				24 HRS.	7. DATE C	OF BIRTH , Day, Year)		BIRTHPL/ Country)	VCE (State or Foreign	,		
2	1	220-34-3631	1 😿 M 2 🗆 F	5	4 YRS.	MONTHS	DAYS	HOURS	MIN.	6/2	4/194	10 1		E, MD.	
3 should	_	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATIO	ON OF DE	ATH		9c. COUNTY			
2	0	1706 E.30th.ST	REET		BALTIMORE										
Jes 1,	DIRECTOR	10a. STATE 10b. COUNTY	10c. Cf	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
ج. ب	PHO	MARYLAND	В	ALTI	MOR	E				LIMITS?					
permit. Pages	AL.	10e. STREET AND NUMBER			101.	ZIP CODE	E			OF WHA	T COUNTRY?				
. isi	FUNERAL	3415 LUDGATE R				21	215				USA				
physician burlal-tra	Ē	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1		U.S. ARMED 2 NO					IC ORIGIN	? (Specify Yes	or No- 14	. RACE -	American Indian, hite, atc.	
	BY	3 Wildowed 4 Divorced	TES			2 <b>X</b> NO					Specify:	Black			
S 5 5		15. DECEDENT'S EDUC		DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY											
- 5 -	🖺	(Specify only highest grade Elementary/Secondary (0-12)	life. Do NOT i	Give kind of work done during most of working (e. Do NOT use retired.)								1 Corn			
2 g C	P P	12th	magaz	gazine Operator Bethlehem							m Steel Corp.				
t de the	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Noel Q		16. MOTHER'S NAME (First, Middle, Malden Surname)										
ed by uid be	BE (	Basil Lee Queen Willie Conway Cornwell													
retained 5 should notified	<u>ا ۵</u>	19a. INFORMANT'S NAME (Type/Print)  Sonia Queen				Lud						n, State, Zip Co		21215	
1 2 5 A		20a, METHOD OF DISPOSITION		20h	PLACE AND DATE					Dd.		cation - city	_	21215	
		1 Buriel 2 Cremation 3 Ramo	ival from State	ceme	arriso	other place)			_	Cem				s, MD	
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	22. N	NAME AN	D ADDRES	SS OF FAC	CILITY					
death. Pag tuneral di i. examiner		TO MALO	1 16	11 9	1									L HOME	
ours after of in by the or removal.		23. PART I. Erter the diseases, or c	omplications that	aused	the deeth. Do	not enter	the mo	de of dyi	ng, auch	aa card	EIGHT iac or reapi	S AVI	NUE	21207 Approximate	
		23. PART I. Efter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, sheck, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Approximate interval Between Onset and Death													
		disease or condition resulting in death)  a. Atheros de stre Condition Disease													
		reading in death)	DUE TO	(OR AS A	CONSEQUENCE	OF):			- 400 6	J					
executed and com o bunial, matic ev	Z	Sequentially liet conditions,		NOSCULENCE OC.											
	CATION	If any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE (	OF):											
phy ne p	임	CAUSE (Disease or injury that initiated events	CONSEQUENCE (	OF):											
· 이 원칙 등	RTIF	resulting in death) LAST	1.												
0 0 0 0	3	PART II. Other aignificant condition	e contributing to	death hu	it not moulting	in the un	decluine		sluan in i	Dom I T	04- 1000 411	ALETONOV			-
T PO T	CAL	HYPERTENSIVE CARDI		III the un	derlynig	Cense (	jiven in	Part I.	PERFORMED?			RE AUTOPSY FINDIN AILABLE PRIOR TO IMPLETION OF CAUSI			
signed Health	MEDI		7.					-	1 YES 2	W-110	OF	DEATH?			
he law requires that has been signed is a Dept. of Health a		DID TOBACCO USE O	CONTRIBUTE	TO	CAUSE O	F DEAT	ΉΥ	ES <del>T</del>	₩ NO	KX			י'	YES 2 NO	
The law fe has b ate Dept.	IAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Certificate the State or item	SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2	ER/Oulpa	tient 3 🗆 DOA	OTHER	l: Ing Hom	• 5 □ Re	sidence	6 DyDther	(Specify) Ta	RIEND	HO	ME	
Sicer in	РНУ	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY sy, Year)	28b. TI		28c. INJI					NJURY OCCUP			
d Sy the Bull	ВУ	1 Actident 5 Pending Investigation				M	1 🗌 Y	'ES 2 [	NO						
E G END	ED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE Of building,	F INJURY - atc. (Specif	At home, farm,	streel, facto	ory, office	•		261. LOCA City o	ATION (Street a or Town, State)	and Number or	Rural Rout	Number,	
OR DIRECTE Pour at Item		AA- CECTIFIED													
TAL O	COMPLET	(Check only	CIAN: To the best of												
HOSPITAL FUNERAL WITHIN 72 I	8	one) 2 X MEDICAL EXAMINE		amination	and/or investigat	ion, in my of	pinion, d				and place, an	d dua to the c	ause(a) an	d manner as stated	i.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 I	핆	29b. SIGNATURE AND TITLE OF CERTIFIER	01	60 0					ENSE NUM	m.e.				onth, Day, Year)	
2633	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEA	TH (ITEM 27) (70/10	e, Printi			,	17. D.	•	AU	602	Г 01,19	94
/		4			ll Pen		ree	t, E	Balt	imo	re, M	arvla	ind	21201	
5		31. DATE FILED (Month, Day, Year)	,32. REGISTRAI					•			,				
		AUG 0 2 1994 8	my manage	M. IN COMP.											



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Yours after death, Page 6 may be retained by the hospital or attending physician.

FCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a stern death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

The state of the s A ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

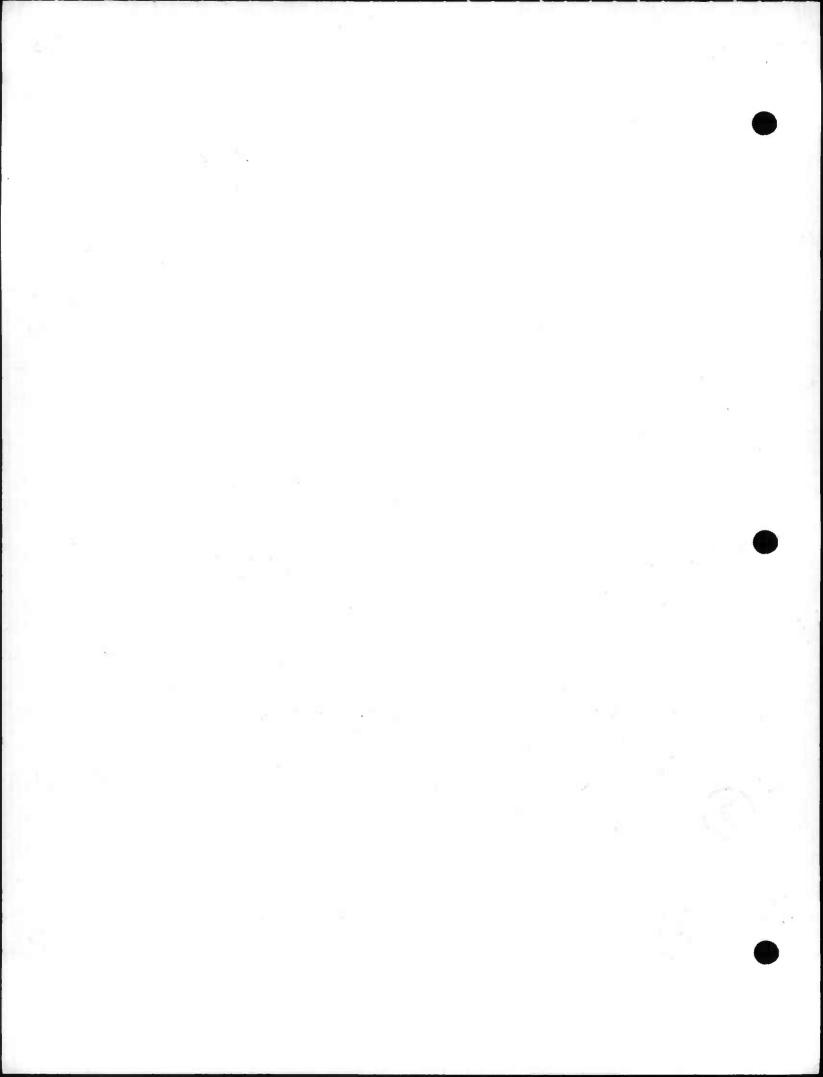
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
73	1. DECEDENT'S NAME (First, Middle, Last)  James Arthur Reaves  2. DATE OF DEATH MONETH DAY GU. 3. TIME OF DEATH MONETH DAY GU.												
8	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  SOUTH CARDLING												
OR	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  BOX SECOURS HOSP  BALTIMORE												
DIRECTOR	RESIDENCE OF DECEDENT   10d. STATE   10d. COUNTY   10c. CITY, TOWN OR LOCATION   10d. INSIDE CITY   10d.												
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  2885 KINSEY AVE  21223  U.S.A												
BY FUN	11. MARITAL STATUS \$ 5.0   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If Yes, apocity Cuban, Maxican, Puerlo Rican, etc.)  1   Never Married   2   Married   15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If Yes, apocity Cuban, Maxican, Puerlo Rican, etc.)  1   YES   1   Y												
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (6-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY												
BE COM	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)  KATHERLING LEGETTE												
٩	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code)  196. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code)  196. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code)  196. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code)												
	20e. METHOD OF DISPOSITION 1 3 Gramovet from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION Western Star 8/1 20c. 19CATION - 8/1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE												
	Loseny he Russ Jasaw. Nonth Aus 21216												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ### IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. #### IMMEDIATE CAUSE (Final disease)  a. ###################################												
HILICALION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  A REPROPRIE OF LONG (BST. JURGLY & DRY).												
2													
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 22 NO  1 YES 22 NO												
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DESCRIPTION OF DEATH OF												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 HOSPITAL: 1 Hispatient 2 ER/Outpatient 3 DOA  26. PLACE OF DEATH (Check only one)  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY 4 28. THE OS 4 28. MILITY AT 28. DESCRIPTION OF THE OS 5 A 28. MILITY AT 28. DESCRIPTION OF THE												
BY P	1 Netural 5 Pending Months by least 1 YES 22 NO												
3	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLEIED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
O BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  7-27-74												
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  32. DECEMBER SIGNATURE C												
	AUG 02 1984  32 FEDERAL SUCCEPTION OF THE PROPERTY AND AUGUST AUG												

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

NG PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	fer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	harked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
B.ATTEND	IRECTOR:	urs after c	si So me	
SPITAL O	VERAL DI	In A ha	TE I He	-
TO THE HO	TO THE FUR	be filed with	IMPORTAL	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN	Ε							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W 4545	3. TIME OF DEATN						
	Evelyn		Rucker			July 26,	1994 YEAR	9:55 P w						
	255-56-4633	1 □ M 2 XIXF 6		UNDER 1 YEAR NTHS DAYS	1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTNPLACE (State or									
FOR	MARYLAND	The state of the s												
DIRECTOR	MARYLAND 106. COUNTY	n/a	10c. CITY, T	OWN OR LOCATE BALT	ON TIMORE		10d. INSIDE CITY V LIMITS?							
FUNERAL	100. STREET AND NUMBER 1205 CLE	ENDENIN ST	REET	10f.	21217		WHAT COUNTRY? STATES							
B	11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		cify Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bled	E — American Indien, ik, White, etc.						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use na UNEMP	done during mos tired.)	N t of working	16b. KIND OF BUS	0.00							
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN  18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN													
TO B	19a. INFORMANT'S NAME (Type/Print) TANYA RUCKER  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1205 CLENDIN STREET, BALTIMORE, N													
	20s. METHOD OF DISPOSITION 10 Surfal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemeral of the Company of Other (Specify)  20b. PLACE AND DATE OF TOWN, Cemeral of the Company of Other (Specify)  20b. PLACE AND DATE OF TOWN, Cemeral of the Company of Other (Specify)  20b. PLACE AND DATE OF TOWN, Cemeral of the Company of Other (Specify)													
	21. SIGNATURE OF FUNERAL SERVICE LICEI	Chapon	lan		. MARC		01 E. N	ORTH AVE.						
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):  End-Stage Liver Disease, Renal Failure  Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Chronic A	lcohol Ab	use		unknown								
AL CE	PART II. Other algoriticent conditions	d												
PHYSICIAN: MEDICA	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF C													
AN:	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF D											
SICI		HOSPITAL:		THER:	5 Residence	6 Other (Specify)								
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJU WOR	IRY AT	28d. DESCRIBE HOW II								
6	3 Suicide 6 Could not be determined	and Number or Rural	Route Number,											
COMPLET		AN: To the best of my knowled On the basis of examination						s) and menner as stated.						
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  AND STANDARD AND SIGNATURE AND S													
	30. NAME AND ADDRESS OF PERSON WHO Stella Thalhame				1 Hospit	-a1								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	COLICIA	- Hospit	A.A. da		0.0						
البد	70 1001													



BALTIMORE, MARYLAND 21215-0020

CORDS, P.O. BOX 68760

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	DIVISION OF VITAL REG	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requ
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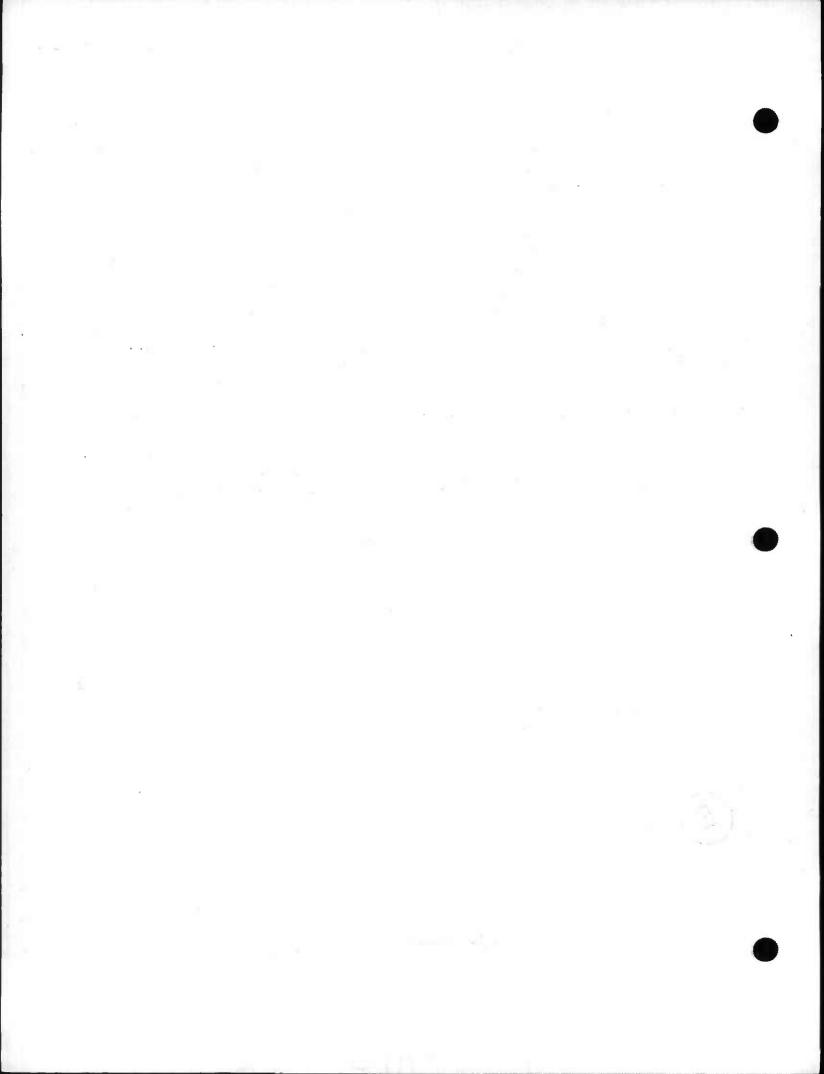
											-	7 -1	22001	
	FOR STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAR	RTMENT O	OF H	EALTH AND	MENTAL	HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First,	, Middle, Last)				2. DATE OF DEA				VEAD	3. TIME OF DEATN			
	Charle	s P. Re	einer					July	27	, 199	4 YEAR	12:00 P.		
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign	
9	214-14-885	1X M 2 □ F	73	YRS.	MONTHS D	MYS	HOURS MIN.	May	6, 19	921		yland		
	9a. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY, TO	OWN C	OR LOCATION OF DI	EATN		9c. COU	NTY OF D	EATN	
CTOR	Franklin Wo			Ba	altimore				Ba1	timore				
ᇤ	RESIDENCE OF DEC	10b. COUNTY	10c. CITY, TOWN OR LOCATI					TION					10d, INSIDE CITY	
DIRE	Maryland	]	altimore Baltin										LIMITS?	
	10e. STREET AND NUMBER			-	I, ZIP CODE			10a, CIT	IZEN OF W	HAT COUNTRY?				
FUNERAL	1602 Ho1	ly Tree	e Road				21220	0		τ	J.S.A	.S.A.		
3	11. MARITAL STATUS	RMED	13. WAS	S DEC	ENDENT OF NISPAI	NIC ORIGIN	(Specify Yes		14. RACE	- American Indian.				
BY F	1 Never Merried 2 X	ND			ecify Cuben, Mexica 2 X ND Specif	en, Puerto Rican, etc.) Bie				ick, White, etc.				
8	3 Widowed 4 Divo			WWII									White	
ETE	15. DEC (Specify only	ECEDENT'S Give kind of le. Do NOT u	Work done during	JPATIC ing mo	ON ost of working	16b.	KIND OF BUS	SINESS/INI	DUSTRY					
7	Elementery/Secondery (0 N/A	ssemb					<b>.</b> .							
COMPL	17. FATNER'S NAME (First, M	liddle Leet)	N/A	SSEIIIL	TEI		40 1107115010 110	115 15 11	Mart		iriet	ta		
8	Frederick		ner				Emma			Melden Surname)				
8	19e. INFORMANT'S NAME (7		101	Oh MAII INC	Emma Bailone  4G ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip									
2	Merle E. Reiner (wife) 1602 Holly Tree Road, Baltimore, MD 21220													
	20a. METHOD OF DISPOSIT	ION	-	20b. PLACE		OF DISPOSITION	_		DATE	_				
	1X Burlel 2 Cremetic		ral from State	cametery c	rematory or o				1				Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc.													
	>///a/h		7/10	(in)		9705 Belair Rd., Baltimore, MD 21236								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate													
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition	101	1	Leval	te	fair	lu	ue					Oliset and Desti	
	DUE TO (OR AS A CONSEQUENCE DEF:													
z	disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE DEF:  Circle III   Liver													
9	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury c													
CERTIFICATION														
	that initiated events		DUE TO	(DR AS A CONSI	EDUENCE O	F):								
Ħ I	resulting in death) LAST													
_ 1	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PINDINGS PERFORMED?  AMALABLE PRIOR TO													
2										PERFDR			AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDICAL													OF DEATH?  1 YES 2 NO	
- 11	DID TOBACC	O USE C	ONTRIBUT	E TO CA	USE O	F DEATH	1	YES   NO						
¥	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					_	ACE OF DEATH (Ch	<del></del>	)				
Sign	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Nom	ome 5 Residence 6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATN	-53-65	28e. DATE DF (Month, D	INJURY ey, Your)	28b. TIN	IE OF 26		JURY AT	28d. DE\$6	CRIBE NOW I	NJURY OC	CURED		
Β¥		Pending Investigation	LIVA	(C000) 1				YES 2 NO						
		Could not be	26e, PLACE O building,	F INJURY — At It atc. (Specify)	ome, term,	street, fectory,	, office	•		TIDN (Street or Town, State)	nd Numbe	r or Rural R	loute Number,	
13		datermined			_									
뷥		TIFYING PHYSICI	AN: To the bast of	my knowledge, d	leath occurr	ed at the time.	, date	end place, and due	to the caus	e(e) and mar	ner as ste	ted.		
8	one) 2 MEDI	ICAL EXAMINER	On the basis of ex	amination and/o	r investigation	on, in my opini	lon, d	leath occured at the	time, date	and place, an	d due to ti	he cause(e	end manner ee stated.	
D.	29b. SIGNATURE AND TITLE	OF CERTIFIER		20-		29c. LICENSE NU								
0 8	7				3 22	22620 > 7.28				-94.				
C 11	Control of the second s						_							

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Shahid Saeed, 9105 Franklin Square Dr., Suite 306, Baltimore, MD 21237 32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) AUG 0 2 1994

DHMH-16 Rev 1/89



38

Donald

31. DATE FILED (Month, Day, Year)
AUG 9 2 1994

G.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDIATE NAME GIFF. Middle, Last)
Marie 2. DATE OF DEATH 3. TIME OF OEATH YEAR July 994 Regulski 23 1704 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) /-3/-IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 2/6-/2-72/8 90. FACILITY NAME (If not institution, give 74 1 - M 2 F HOURS YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 926 S. Clinton Street Baltimore 10e. STATE 10b. COUNTY 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION II MOR YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 126 5. LINION 21224 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION tee. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumeme) CARRIE KRUG GEORGE BE 19e. INFORMANT'S NAME (Type/Print) City or Town, State, Zip Code) 2 ARY GOE 21237 20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 32/8, 23. PART I. Entar tha diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Diabetes Mellitus Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Decubitus Ulcers 1 YES 2 100 1 YES 2 NO Inquiry DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 X YES 2 | NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 X Reefdence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 XNatural 5 Pending ВУ 1 YES 2 NO investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(e) end manner es stated. MEDICAL EXAMINER: On the beele ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

mght MD

t

Wright

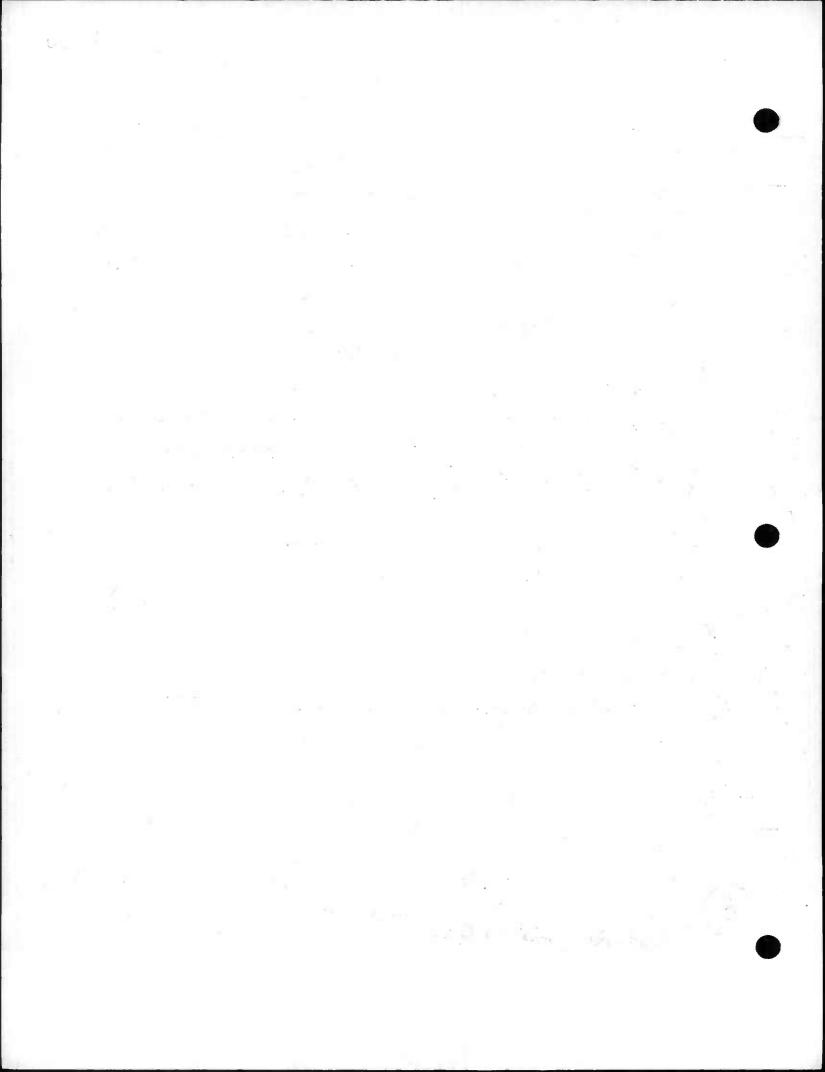
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.

SI REGISTRARISHIGNATURE

Driver 1d has feet

July 24 1994



BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

							10/1					HEG. NO.			
		1. DECEDENT'S NAME (First, Mick		0 E A/A	11-						2. DATE	OF DEATH	IY 0		O O O M
		STELLA  4. SOCIAL SECURITY NUMBER		. SEX		- 1					0:	DX.	9	4	Q m
P.		215-01-084	0 1	□ M 2 🖳 F	78	s. last birthday YRS.	MONTH	B DAYE		R 24 HRS. MIN.		of BIRTH h, Day, Year)		Country) Pen	ACE (State or Foreign nsylvania
3 should	œ	90. FACILITY NAME (If not instituti	on, give street	end number)	TIMO	RE	9b. C		O I T			City	9c. COUN	TY OF DEA	хтн — —
1. 2,	ECTOR	HARBOR HOSPITAL BALTIMORE BALTIMORE City													
	DIREC	MARY LAND, 10b. COUNTY				10c. C	TY, TOW	Bali	cation to.Ci	Lty,	Md.				IOd. INSIDE CITY LIMITS?  XYES 2 \( \text{NO} \) NO
as the burial-transit permit. Pages	ERAL	1734 P				212	230				States				
	BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  2 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 XI IF YES, GIVE WAR OR DATES						It yes,	ECENDENT Specify Cubes 2 X NO	en, Mexice	n, Puerto	1? (Specify Yee Rican, atc.)	Black,	- American Indian, White, etc. White	
attending use as the		15. DECEDEN (Specify only high	NT'S EDUCAT	TION mpleted)	164	e. DECEDENT	work do	ne durina .	TION most of worki	ina	168	KIND OF BUS	INESS/INDU	JSTRY	
5 0	TO BE COMPLET	Elementary/Secondary (0-12) 10th.Grade		College (1-4 or 5 +	)_	Home	use retire	d.)				Own H	ome		
retained by the hospital 5 should be detached for notified at once.		17. FATHER'S NAME (First, Middle,	pienz	ta 16. MOTHER'S NAME (First, Middle, Maiden Surname) Concetta Bonar								onanno			
death. Page 6 may be retained by funeral director, page 5 should be xaminer must be notified at		190. INFORMANT'S NAME (Type/P Mrs.Susan		ar		196. MAILIN 12	G ADDRI	Wed	del	Ave.	BaT	to" Ma	Stere2ZP	227	
death. Page 6 may be funeral director, page xaminer must be		20a METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 4 Donetion 5 Other (Spec	☐ Remove	I from State	20b. PL/	ACE AND DAT	OF DISF	osition (	Meme of Mete	ry8/	1/9	4 A.	ATION CO	"Md"	n, State
death. Pag e funeral dir I. examiner		21. SIGNATURE OF FUNERAL SE	RVICE LICEN	SEE	-				AND ADDRE			Ва	lto.	Md.	21230
. 9 = -		- Slow	. Au	Illian				McC	ully	Fur	nera	1 Hom	e,13	О Е.	fort Ave
within a nours after displetely filled in by the cremation, or removal, rent, the medical er		23. PART I. Enter the disees ahock, or heert IMMEDIATE CAUSE (Finel disease or condition resulting in death)	fallure. Lis	t only one ceu	se on each	line.				ring, suc	has can	disc or respi	retory srre	est,	Approximate Interval Batween Onsat and Death
th certificate be executed ending physician and correction and the light physician and correction the light physician and the light physician are contact that the light physician are contact to the light physician are contact	ERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  LEFT LOWER LOSE PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
E & Be	AL C	PART II. Other significent c	onditions o	contributing to	death but n	not reauiting	in the	underly	ing cause	given in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS
ed b	MEDICAL											PERFOR		d	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
rSICIAN: The law requires certificate has been sign the State Dept. of Healt d, or Item 23 shows		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO													
cate h	SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO	Н	IOSPITAL:			ОТН	ER:	PLACE OF E				-		
SICIAN: The law n certificate has be the State Dept. d, or Item 23 s	<b>≟</b>	27. MANNER OF DEATH	1	Inpetient 2   26a. DATE OF	INJURY	28b. T	ME OF	_	ome 5 A	eeldence			NJURY OCC	URED	
ter this c th with narked,	ву Р	1 Natural 5 Pend 2 Accident Inves	ling tigation	(Month, De	ry, Year)	- "	M		WORK? YES 2	NO	28d. DESCRIBE HOW INJURY OCCURED				
ECTOR:	100	3 Suicide 6 Could 4 Homicide deter	Al home, farm	farm, atreet, factory, office					26t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
HOSPITAL OR FUNERAL OIR WITHIN 7 hou	COMPLE			N: To the beet of ax											and menner ee stated,
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	296 SGNATURE AND TITLE OF	7	7 M	1).				29c. LIC	ENSE NUI	IBER		29d. DATE	SIGNED (A	Month, Day, Year)
5 =	5	30. NAME AND ADDRESS OF PER	RSON WHO C	MPLETED CAUS	E OF DEATH	(ITEM 27) (Ty)	e, Print)							10	- 2 4
		31. ATE FILE (M2011) 1994	Julia	RE STRA	SIG	E									

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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	In the first this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should nours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	lical examiner must be notified at once.
CHAISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENNING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hospital or attending physician.	The After this certificate has been signed by the attending physician and comand come from the State Dept, of Health and Mental Hygiene prior to burial.	hear of is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSP AT TO THE FUNE ALL BE filed within Z

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		CENTIL	CAIL	Ur	DEAL	П	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN ELMO ROSS		1	21			2. D	ATE OF DEATH DAY 7 31	YEAR S	8:20P M
	4. SOCIAL SECURITY NUMBER 242-03-2982	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. last birthday) 79 YRS.	#F UNDER 1	DAYS	IF UNDER 2	MIN. 7. D.	ATE OF BIRTH forth, Day, Year) 4-30-1915	8. BIRTHPI	ACE (State or Foreign H CAROLINA
NO.	9a. FACILITY NAME (If not institution, give FT. HOWARD VETER	BALT								
5	RESIDENCE OF DECEDENT			1						
DIRECTOR	MD.	10c. Cf	TY, TOWN OF		MORE			Od. INSIDE CITY LIMITS? YES 2 NO		
A	10e. STREET AND NUMBER		40		10	. ZIP CODE		10g. C	TIZEN OF WH	AT COUNTRY?
띪	1503 NORTHWICK R	OAD					21218		US.	A
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. ARMED  I M YES 2 □ NO  NAÑ OR DATES  10 12/3/45	ED IN ILS ADMED 12 WAS DECEMBENT OF			, Maxican, Pue	IIGIN? (Specify Yes or No— orto Rican, atc.)	Black,	4. RACE — American Indian, Black, White, etc. Specify: BLACK	
	15. OECEOENT'S EDU	CATION	16a, OECEDENT'S	S USUAL OC	CUPATIO	NC		16b. KIND OF BUSINESS/I	INDUSTRY	
<u> </u>	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5	ille Do NOT	work done d use retired.)	uring mo	st of working				
릴	lOth		SHIPYA	RD SU	PER	VISOR		SPARROWS	POINT	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)							rst, Middle, Maiden Surname		
	LUKE A. ROSS					1 1 1 1	and the same of	CLLE COLEMAI	•	
96	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street )			Number, City or Town, State,		
2	HAZEL MAE ROSS							IMORE, MAR		วาวาช
	20a. METHOD OF DISPOSITION  1 \$\overline{\text{P} Burlal 2 \overline{\text{Cremation 3 \overline{\text{P} Berrors   Town, 1 \text{CRM ETHOD OF DISPOSITION   Name of of the restrict   CEM 8 \overline{\text{CRM ETHOD OF OTHER   STORY   CEM BEST VET. CEM 8 \overline{\text{CRM ETHOD OF OTHER   CEM BEST VET. CEM 8 \overline{\text{CRM ETHOD OF OTHER   CEM BEST VET. CEM 8 \overline{\text{CRM ETHOD OF OTHER   CEM BEST VET. CEM 8 \overline{\text{CRM ETHOD OF OTHER   CEM BEST VET. CEM BE									
	21. SIGNATURE OF TUNERAL SERVICE LI	B C	cel				S OF FACILITY	CAPLE FUN		
	23. PART-T. Enter the diseases, or	) J - C	-1	22	02	MTMME	H AVE	NUE BALTIMO	RE, MD	Approximate
TION	ahock, or heart failure, iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata	RES	PIRATORY FAI O (OR AS A CONSEQUENCE O MONARY CONGE	IRATORY FAILURE  OR AS A CONSEQUENCE OF):  OR AS A CONSEQUENCE OF):						interval Between Onset and Daath
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	(OR AS A CONSEQUENCE	S A CONSEQUENCE OF):							
	DART it Other significant condition	no contribution to	death but not engulater	. In Ab	d a silval a					
4: MEDICAL		deed but not resulting	PER				i. 24a. WAS AN AUTOPS PERFORMEO? 1 YES 2 NO		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DE	ATH (Check on	lly one)		
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER	1:		sidence 6 🗆 t	and the same of		
PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE O	F INJURY 28b. TI	-	28c. IN.	JURY AT ORK?	28d.	DESCRIBE HOW INJURY	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE (	OF INJURY — At home, farm, etc. (Specify)	, atreet, facto			201.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	anal .		f my knowledge, death occur							
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		exemination and/or investigat	m my 0	permort, (	29c. LICE	NSE NUMBER	29d. D	DATE SIGNED (	Month, Day, Year)
10	/www	1.19				0-	174	2	7.31.	44
	RAUL LOPEZ, M.D.	, 9600 NO	RTH POINT RO	DAD, I	FORT	HOWA	ARD, M	D 21052		
ĺ	RAUL LOPEZ, M.D.	IA diament	AND SIGNATURE	5	1					
-										

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-718 12/16/94 t.t 4 Film # G 714 08-98-94 N.A. Per Funeral home

22538 94

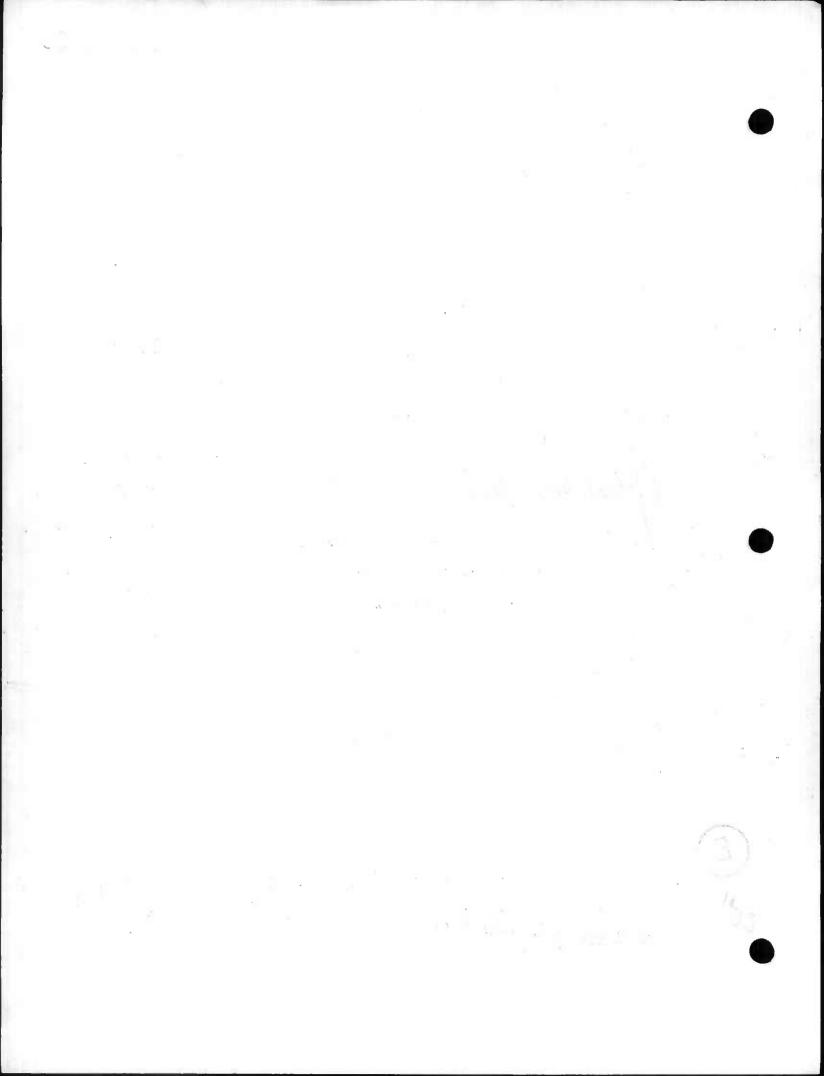
1	-	FOR STATE REGISTRA	N
1	. D	ECEDENT'S	N.

	1 - STATE REGISTRAR	STATE OF MAF			IT OF H			WENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITT	II IOAI	L 01	DLA		2. DATE C				3. TIME OF DEATH
	SCOTT LEE RID	DLE						MONTH	DA		YEAR	
	4. SOCIAL SECURITY NUMBER 5		AGE (In yrs, last birthd	ly) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	JULY		-17		15:45 P M
	216-78-6367 214-24-5600	<b>™</b> 2 □ F	35 YR	MONTH!	DAYS	HOURS	MIN.		Day, Year)		Countr	y)
	9e. FACILITY NAME (If not institution, give street	end number)		9b. Cl	TY, TOWN O	R LOCATIO	ON OF DE		3, 19		Mar NTY OF D	yland
E E	LIBERTY RESERVO	TD					town					
DIRECTOR	RESIDENCE OF DECEDENT	T.K.			Nano	alls	COWII			BAI	TIM	ORE
R	10e. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Baltin	nore		0	wings	Mil	.1s					1 TES 2 NO
AL	10e. STREET AND NUMBER				10f.	ZIP CODE	E			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	10111 Lyons Mill	Road				211	17			U	.S.A	
2	11. MARITAL STATUS 12  1 Never Married 2 Married	FORCES? 1		1				IC ORIGIN?	(Specify Yes	or No-	14. RACE	— Americen Indien, t, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR			1 TYES				carr, etc.)		Speci	ty:
	15. DECEDENT'S EDUCATI	ON .	Table Descenti	1	0000000000			1				ite
	(Specify only highest grade con	pleted)	18e. DECEDEN (Give kind life. Do NO		e durina mos		ng	166.	KIND OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0-12) 0	ollege (1-4 or 5+)			uctio	n Mo	rkon					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Maci	dello				iddle, Maiden S	Sumama1		
	Louis	Ridd1	e					Lou	COALIT-THE IS			
BE	19a. INFORMANT'S NAME (Type/Print)	112002		ING ADDRE	SS (Street e		_		r, City or Town	shle	-	
임	Mr. and Mrs. Louis	Riddle							ngs Mi			21117
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISP	OSITION (Na	me of		DATE	-	CATION		
	1 💢 Burial 2 🗆 Cremellon 3 🗆 Removal 4 🗆 Donation 5 🗆 Other (Specify)	from State	Lake Vie	or other plac W Mer	noria	1 Pa	rk	8/3	Svk	esví	11e.	MD
	21. SIGNATURE OF PUNERAL SERVICE LICENS	EF.		2:	2. NAME AN	D ADDRES	SS OF FAC	CILITY				
	Mechon M	Lenk	In						al Di			
	23. PART i. Efiter the diseeses, or com	plications that ca	used the death D	o not ent	5/28 .	Libe	rty	Koad	Kand	alls	town	MD 21133
	shock, or heert fellure. List	only one cause of	on sech line.	o mot one		ac or ay.	ing, such	- == 0=10	ac or reapi	atory are	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	D-	~									Onset and Death
1	resulting in death) e	DUE TO (OR	AS A CONSEQUENCE		PLICAT	ING P	HENCY	CLIDIN	E INTO	KICATI	ION	
_												j
₽	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):								
§	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that initisted events	DUE TO (OR	AS A CONSEQUENCE	OF):								
CERTIFICATION	resulting in death) LAST											
	PART il. Other algnificant conditione c	ontributing to dee	th but not regulting	ng in the	underlying	cause o	aiven In I	Part i.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
SAL					,	,		- 1	PERFORI	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 YES 2	□ NO		OF DEATH?
Σ	DID TOBACCO USE CO	AITDIDIITE T	O CALISE (	SE DE	ATLL V	EC [	L NO					YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	NIKIBUTE I	O CAUSE C	עבע דור		ES	NO FATH (Che	ock only one	1			
S		OSPITAL:	Outpetleet 3 DO	ОТН	ER:				3=64			
PHYSIQJAN: MEDI	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 28b.	TIME OF	26c. INJ	JRY AT	sidence		RIBE HOW IN	JURY OC		3
	1 Netural Tending	FOUND: 7-2	100	Manky	1   Y	RK? 'ES 2)()	NO D	SUBJE	CT DROW	NED		
) BY	2 Accident Investigation 3 Suicide 6 XXCould not be	28e. PLACE OF IN.	JURY — A1 home, far	70	ictory, office	,		261. LOCA	TION (Street e		or Rural A	loute Number,
Ē	4 Homicide determined	building, atc.	FOUND: I	N WAJE	P				Y RESER	PVOTE	RAL 1	TIMORE CO., MD.
片	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	V: To the best of my i				end place	end due					THORE CO., HD.
COMPLETED	(Check only one) SENTIFTING PHYSICIAL ONE)											) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						ENSE NUM					(Month, Day, Year)
8	An Car				1		C.M.		ľ			30,1994
유	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE O	F DEATH (ITEM 27)	ype, Print)			J . 1.1 .	- 1.1 0		. 0	OHI	30,1394
	AMONON	1	111 Pen		reet	. B	alt	imor	e. Ma	rvl	and	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE			, _			_,	-1-	W-14	21201
	AUG 0 2 1994 Jal	divoler	Carlell									
	486 Male											

JCIAN; The law requires that the death certificate be executed within

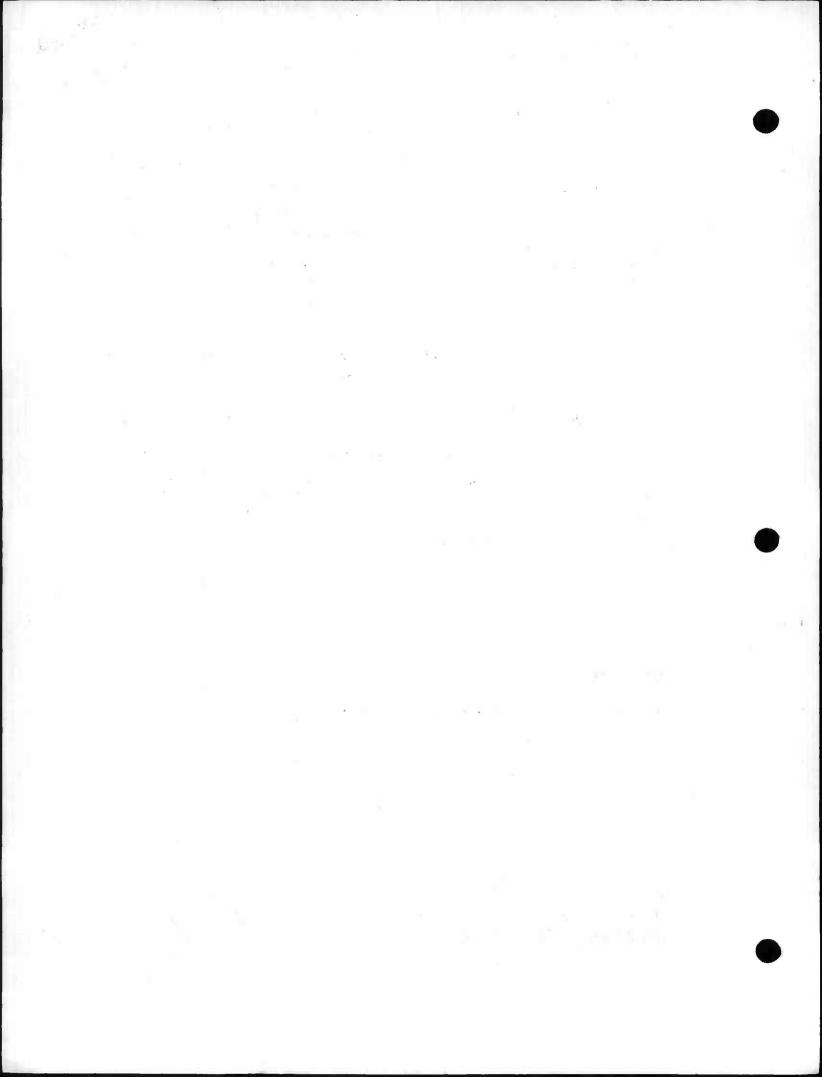
DIVISION OF VITAL RECORDS, P.O. BOX 68760

11		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
		t. Decedent's name (First, Middle, Lest) THOMAS EMERSON ROSSER, SR.  2. Date of Death MONTH-28-944 Year 3:55 F	- M								
pin		4. SOCIAL SECURITY NUMBER 206-07-7342  5. SEX 1									
1, 2, 3 should	TOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. CITY, TOWN OR LOCATION OF DEATH  96. CITY, TOWN OR LOCATION OF DEATH  97. COUNTY OF DEATH  98. CITY, TOWN OR LOCATION OF DEATH  99. CITY, TOWN OR LOCATION OF DEATH  99. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH									
permit, Pages	DIRECTO	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  Maryland Cecil County Rising Sun 1 □ YES 2 □ NO									
1St	FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  21911  USA									
Jing physician. the burial-transit	В	11. MARITAL STATUS  1 Never Married 2 Married 3 Married 3 Married 3 Married 3 Married 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-lif yes, apecify Cuban, Maxican, Puarto Rican, atc.)  14. RACE — American Indian, Black, Whita, atc.  15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-lif yes, apecify Cuban, Maxican, Puarto Rican, atc.)  16. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-lif yes, apecify Cuban, Maxican, Puarto Rican, atc.)  17. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-lif yes, apecify Cuban, Maxican, Puarto Rican, atc.)  18. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-lif yes, apecify Cuban, Maxican, Puarto Rican, atc.)  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-lif yes, apecify Cuban, Maxican, Puarto Rican, atc.)									
ital or attending	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY									
by the hospital or be detached for us	COMPL	12 Sargeant US AirForce  17. FATNER'S NAME (First, Middle, Lest)  Thomas A. Rosser  Ldith Head	_								
retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	_								
ay be		Thomas E. Rosser, Jr. 4047 Hunt Avenue, Ellicott City, MD 21043  20e. METNOD OF DISPOSITION  1X Quriel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)  Maryland Veteran's Cemetery, Cremetery or other place)  Maryland Veteran's Cemetery 8-2-94 Garrison Forest, M  23 SIGNATURE OF FINERAL SERVICE LICENSEE	D								
death r death e fune al.		Slack Funeral Home, P.A. Ellicott City, Maryland 21043	_								
ted with hours after completely filled in by the fal, cremation, or removal event, the medical		23. Plant   Enter the diseases, or compilerions that caused the dash. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heer failure. List only one ceuse on each line.    MMEDIATE CAUSE (Final disease) or condition resulting in death)   a Hemorrhage due to thrompocytopenia   Hemorrhage days									
at par	CATION	DUE TO (OR AS A CONSEQUENCE OF):  myelodysplastic syndrome  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):	3								
e ja ca	RTIFI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  d.									
luires that the death certification is signed by the attending is Health and Mental Hygien boxs any injury, or oth	ICAL CE	PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  ANALABLE PRIOR TO COMPLETION OF CAUSE.									
sh sh	V: MEDIC	1 YES 2X NO OF DEATH?									
a te h	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 X NO  1  No	_								
PHY this this dear with the	ву РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO									
OR ATTENDING DIRECTOR: After urs after death m 28 Is ma	ETED 8	3 Suicide 8 Could not be detarmined 28. PLACE OF INJURY — At home, 'arm, strast, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
HOSPITAL OR UNEFER DIRE	COM	29a. CERTIFIER (Check only one)  t 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.	ı.								
TO THE HO De fed wi	TO BY	SYNATURE AND TITLE OF CERTIFIER  SYNAMU POWERS SIGNED (MORRY Day, Your)  AF 200 4200 SB > 7/28/94									
90		Sulance and address of person who completed cause of beath (Item 27) (Typo, Print) Johns Hopking Boughew Me Older Center Sulance Burles Bermuder, MD 4940 Bastern Ave. Battimore, mo 21224	50								
		AUG 0 2 1994 Julia Harring August 1994									



ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-714 8/31/94 t.t

	_	1 - STATE REGISTRAR	STATE OF MA		D / DEPAR CERTIF					ENTAL HYGI REG.			
	1	1. DECEDENT'S NAME (First, Middle, Last)					T. 42		2	DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
		NELSON				S	IMM	15		JULY	25		5:43 AM
		4. SOCIAL SECURITY NUMBER		B. AGE (In yr	s. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. 7	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTHPLA Country)	ACE (State or Foreign
용		214-38-9124  9a. FACILITY NAME (If not institution, give s	1 M 2 D F	70	O YRS.					July 15,			rland
3 should	œ	ST.AGNES HOSPI							ON OF DEAT		9c. COUR	NTY OF DEAT	М
N	DIRECTOR	RESIDENCE OF DECEDENT	IAL			DAL	T TIV	IORE	CIT	Y			
ides	Ä	10a. STATE 10b. COUNT	٧		10c. CIT	Y, TOWN O	R LOCAT	ION	1			10	d. INSIDE CITY
-E	ā	Maryland				В	alti	imore	2			11	LIMITS?
perm	\A	10e. STREET AND NUMBER					101.	. ZIP CODE	E		10g. CITI	ZEN OF WHA	T COUNTRY?
an. ransit	FUNERAL	1812 Ramsay Stree						212	223			U	SA
215-0020 attending physician. Ise as the burlal-transit permit. Pages 1.	ВУ	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2	<b>™</b> NO	11	yes, spe		n, Maxican, I	ORIGIN? (Specify Puerto Rican, etc.)		14. RACE — Black, W Specify:	American Indian, filta, atc.  Black
r attend	9	15. DECEDENT'S EDU (Specify only highest grade		164	DECEDENT'S	USUAL OC	CUPATIO	ON	_	16b. KIND OF	BUSINESS/IND	USTRY	Didek
21 21	91	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of a life. Do NOT us	e retired.)	uning mo:	St OF WORKIN	g				
ND 21 hospital or ached for u	COMPLETED	High School			Sanitat	ion I	Work	er		Bal.t	imore	Count	У
YLAND by the hospit be detached at once.	8	17. FATNER'S NAME (First, Middle, Last)						18. MOTN	HER'S NAME	(First, Middle, Mai	den Surname)		
	BE	Ernest Brown								ny Simms			
MARYLAND retained by the hospit should be detached notified at once.	2	19a. INFORMANT'S NAME (Type/Print)			100					rte Number, City or			
may be or, page to		Maria A. Carroll		T	1812	_			et E	Baltimor			
MOR le 6 ma rector, p		1 N Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval Irom Stata	cemeters	y, crematory or o	ther place)					LOCATION —		
Page d dire		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Iwest	tern St	22. N	IAME AN	D ADDRES	SS OF FACIL	8/3 C	r Func	11176'	Maryland omes, Inc
BALTIMORE, nours after death. Page 6 may be of in by the funeral director, page or removal.  medical examiner must be		todas H .	E. mi	tter		Ba	alti	.more	ns ra , Mar	uls Par	кway 21216		mes, inc
2 2 3	ľ	23. PART I. Enter the diseases, or ahock, or heert fellure.	List only one ceuse	e on each	a death. Do r line.	not enter t	tha moi	de of dyli	ng, such a	na cardiac or re	apiratory arr	eat,	Approximata Interval Between
# S #		IMMEDIATE CAUSE (Final disease or condition	11505 7113	LID T CC									Onset and Death
ted with ted with completely fille ial, cremation, event, the		resulting in death)	a. HEAD INJ		NSEQUENCE OF	n.	-						
N 2 2 - 8	- 1		502 10 (0	M A3 A 60	NOLOOENCE O	7.							i J
X 687 executed in and con to burial, imatic er	0	Sequentially list conditions, if any, leading to immediate	bDUE TO (O	R AS A CO	NSEQUENCE O	F):							
BOX ficate be en physician and ne prior to	S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c.										!
D.O. BOX 68: n certificate be execute nding physician and o Hygiene prior to buria or other traumatic	RTIFICATION	that initiated events	DUE TO (O	R AS A CO	NSEQUENCE O	F):							
O The Po	CER	resulting in death) LAST	d,										
Me he o		PART II. Other significent condition	ie contributing to de	eeth but n	not resulting	in the unc	deriying	ceuee g	iven in Pa	rt I. 24e, WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
OC # 5 5 -	ICAL	SEIZURE DISORDER								PER	FORMED?	co	AILABLE PRIOR TO IMPLETION OF CAUSE
RECO requires th seen signed of Health	ED										2 🗌 NO		DEATH?
	Σ :	DID TOBACCO USE	CONTRIBUTE	TO C	AUSE OI	DEAT	TH Y	/ES [	1 NO	-nl		7	U IES Z NO
- % % % N	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?							EATN (Check	only one)			
VITA	Sic	1X YES 2 NO	HOSPITAL:	ER/Outpatlar	nt 3 🗆 DOA	OTHER 4   Nural		e 5 🗆 Ras	sidenca 6	Other (Specify)			
11 일 등 등 기	РНУ	27. MANNER OF DEATN	28a. DATE OF IN (Month, Day,		28b. TIM	E OF URY	28c. INJU	URY AT	2	Sd. DESCRIBE NO	W INJURY OCC	URED	1.
ON OP OING PHYS After this of death with a marked	ВУ	1 Natural 5 Pending 2 Accident Investigation	7-8-94			P.M	1 🗌 Y	'ES 2)(\)	NO D	UNKNOWN			
O O V O W		3 Suicide S Could not be datarmined	28s. PLACE OF I building, at	INJURY — /	At home, farm,	etreet, facto	ry, office		2	81. LOCATION (Str. City or Town, St		or Rural Route	» Number,
DIVISION OR ATTENDING F DIRECTOR: After hours after death	EE	4 Homicide datarmined			FOUND:	STREE	T .			UNKNOW	N		
	COMPLI	1	ICIAN: To the best of m										
HOSPITAL FUNERAL WITHIN 72 TANT: IF	S	One) 2 MEDICAL EXAMINE	R: On the basis of axer	mination and	d/or investigation	n, in my op	ilnion, de	eath occure	ed at the tim	ne, data and place	, and dua to the	a cause(a) an	d manner as stated.
TO THE HOSPITAI TO THE FUNERAL De filed within 72	w II	296. SIGNATURE AND TITLE OF CENTIFIE	R		<del>.</del>			29c. LICE	NSE NUMBE	R	29d. DATE	SIGNED (MC	onth, Day, Year)
± ± ± € <b>2</b>	10 B		70	~				0.	.C.M.	Е.	<b>•</b> :	JULY	27,1994
	F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATN	(ITEM 27) (Type,	Print)							
		MU) IXE				Penn	St	reet	t, Ba	altimo	re, Ma	aryla	nd 21201
		ALICO 2. 100 A	32. REGISTRAR	SSIGNATUR	RE /								

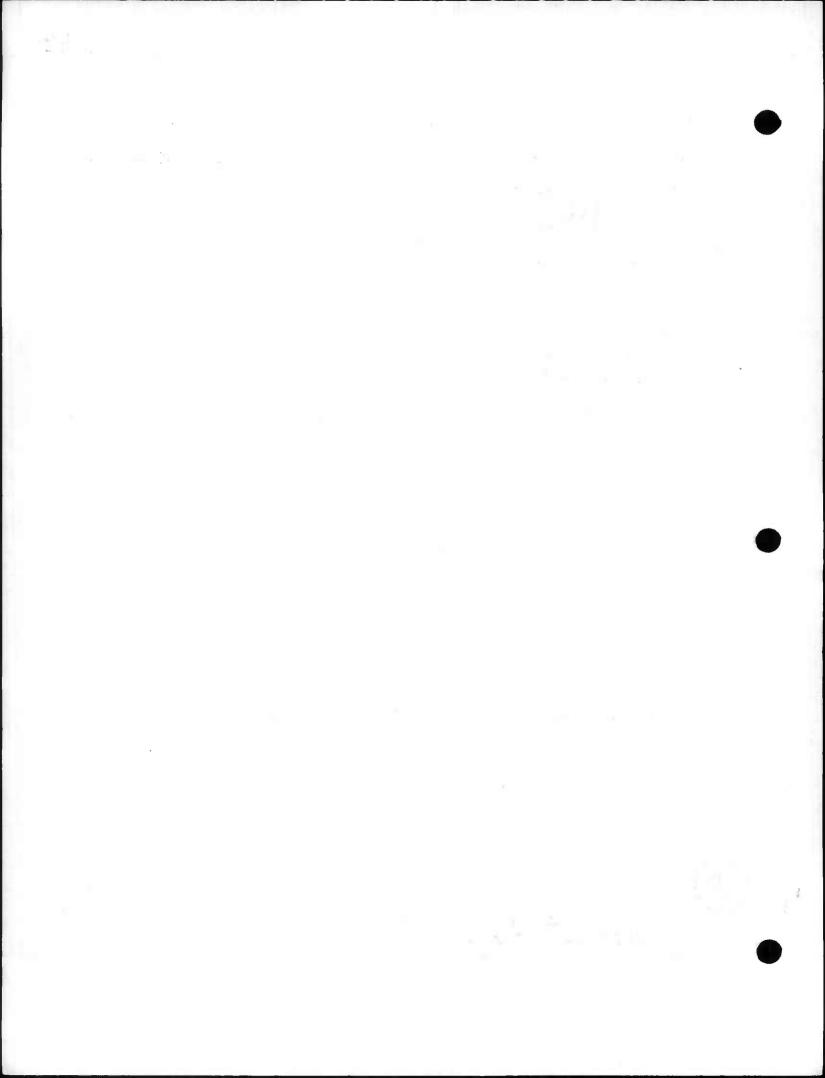


	1. DECEDENT'S NAME (First, Mickille, Lest) HETTIAN MARINA. See Thorst, Sr.  2. DATE OF DEATH MONTH DAY 7 31 94 EAR 3. TH										
١	4. SOCIAL SECURITY NUMBER 217 16 1581	5. SEX 6. /	AGE (In yrs. lest birthe 71 YR	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		_	ACE (State or Fore		
СТОВ	90. FACILITY NAME (If not institution, given Hopkins Bayview		nter		on Location of D			NTY OF DEAT	тн		
DIREC	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION								d. INSIDE CITY LIMITS?		
ERAL	100. STREET AND NUMBER 301 South Newkirk Street 107. ZIP CODE 21224 USA								AT COUNTRY?		
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	tever Married 2 Merried Brances 1 Yes 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  FYES, GIVE WAR OR DATES 1 Yes 2 NO Specify:  S							Americen India		
	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)		(Give kind life. Do M	NT'S USUAL OCCUPAT d of work done during m OT use relired.)	nost of working	ording 186. KINO OF BUSINESS/INDUSTRY  City of Baltimo					
ш	17. FATHER'S NAME (First, Middle, Last) Ferdinand Seell	norst			16. MOTHER'S NA Anna V	AME (First, Middle, Mi Verner	siden Surname)				
TO 81	19a, INFORMANT'S NAME (Type/Print) Marie Seelhorst			S. Newki				Code)			
	20a. METHOD OF DISPOSITION  1	moval from State		ATE OF DISPOSITION (A or other plece) Mount Crer		DATE 20	Balto		, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 901 S. Conkling St. Balto., Md.										
	IMMEDIATE CAUSE (Finel	. List only one ceuse of	on sech line.			ch as cardisc or i	reapiratory arr	est,	Approxim Interval B Onset and		
	disease or condition resulting in death)	a. HIZKE	AS A CONSEQUENCE	Disea Disea	De				year		
ERTIFICATION		DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	CE OF):	De				Jean		
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR  c	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	CE OF):		PE	S AN AUTOPSY REORMEO? ES 2 DO	AN CC	GRE AUTOPSY F ANABLE PRIOR OWNLETION OF F DEATH?		
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are supported by the conditions of	DUE TO (OR  c. DUE TO (OR  d	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE  AS A CONSEQUEN	E OF): EE OF): Ing in the underlyis 28. i	ng ceuse given in	PE 1 YI	RFORMEO?	AN CC	GRE AUTOPSY F ANABLE PRIOR OWNLETION OF 6 F DEATH?		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are supported by the conditions of	DUE TO (OR  c. DUE TO (OR  d	AS A CONSEQUENCE  AS A CONSEQU	28. IN Nursing Ho	ng ceuse given in	PE 1 YI	RFORMEO?	AV CC OI	GRE AUTOPSY F ANABLE PRIOR OWNLETION OF F DEATH?		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are caused in the significent conditions. The conditions are caused in the conditions are caused in the caused in th	DUE TO (OR  E. DUE TO (OR  d. DUE TO (OR  DUE TO	AS A CONSEQUENCE  AS A CONSEQU	28. IN Nursing Ho	ng ceuse given in  PLACE OF DEATH (C)  me 5	PE 1 YI heck only one)  8 Other (Specify	RFORMEO? ES 2 Jo O OW INJURY OCC	AN CC OH	ERE AUTOPSY F ANLABLE PRIOR OMPLETION OF F DEATH?  YES 2		
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending investigation investigation investigation and investigation investigation and	DUE TO (OR  c. DUE TO (OR  d. DUE TO	AS A CONSEQUENCE  AS A CONSEQU	28. In Nursing Ho. TiME OF 18. INJURY M 1	PLACE OF DEATH (C) me 5 Residence 10URY AT 10RK? YES 2 NO	PE 1 YI heck only one) 8 Other (Specify 28d. DE\$CRIBE N 28f. LOCATION (S City or Town,	PRORMEO? ES 2 10  OW INJURY OCC  treet and Number  Stete)  d manner as state	AM CC OIL	Te Number,		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending investigation investigation investigation and investigation investigation and	DUE TO (OR  c. DUE TO (OR  d	AS A CONSEQUENCE  AS A CONSEQU	28. In the underlyle  28. In the underlyle  28. In Nursing Ho  TiME OF 28c. In W  1   rm, street, factory, officerred at the time, data	PLACE OF DEATH (C) me 5 Residence 10URY AT 10RK? YES 2 NO	heck only one)  8 Other (Specify  28d. DE\$CRIBE N  City or Town,  e to the ceuse(s) ence time, date end place	PRORMEO?  ES 2 10  OW INJURY OCC  Stere)  d manner as states, end due to the	AN OCCOPY OF THE PROPERTY OF T	ERIE AUTOPSY F MILABLE PRIOR OMPLETION OF F DEATH? YES 2		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

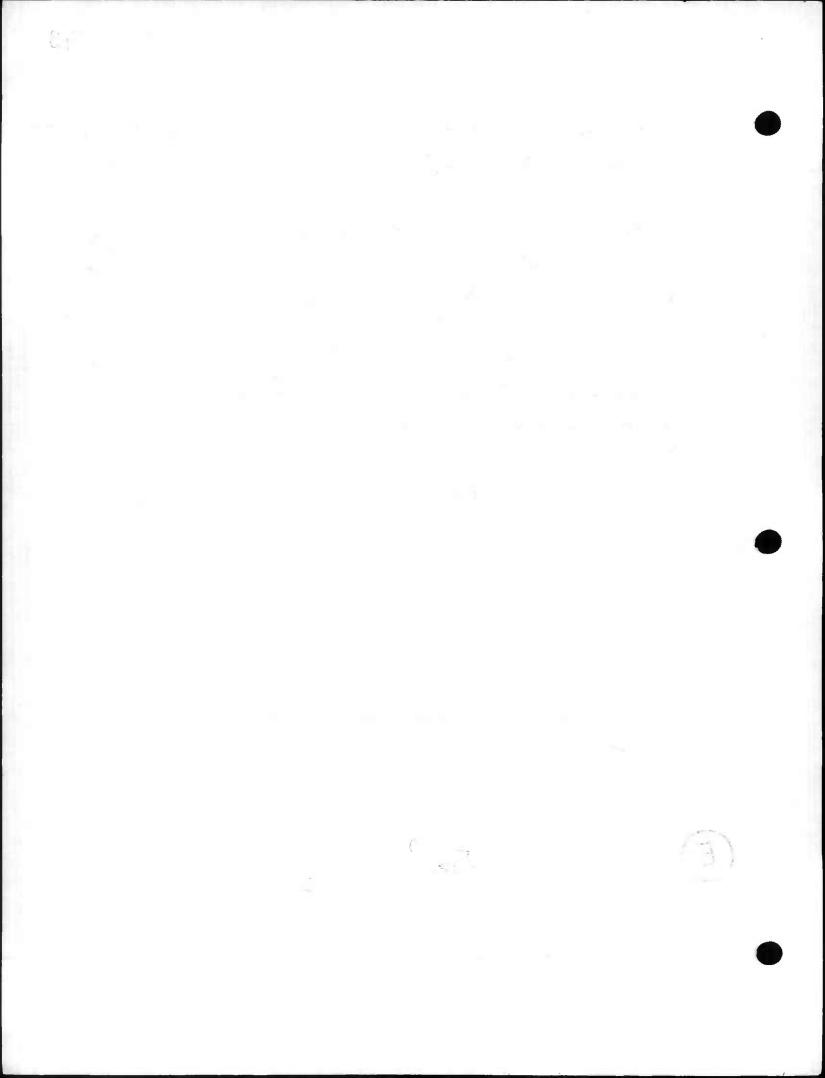
_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	·	CERTIF	ICATE OF	DEATH	REG. NO	)	
	1. DECEDENT'S NAME (First, Middle, Last RODNEY	В.	STALLWOR	TH .SR				3. TIME OF DEATN 4 3:43 I
	4. SOCIAL SECURITY NUMBER 217 - 84 - 6953	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE OF BIRTH	8.1	BIRTHEY ACT
	9a. FACILITY NAME (If not institution, give	1-0	YRS.	9b. CITY, TOWN	OR LOCATION OF	AUG. 19,1	96. COUNTY	
СТОВ	1300 BLK.N.PAT	TERSON PARI	K AVE	BALTIN	MORE C	TY	n/a	à
DIREC	10a. STATE 10b. COUN	ı/a	10c. CITY	BALTI	MORE			10d. INSIDE CITY
AL D	10a. STREET AND NUMBER				21218		10g, CUTIZEN	1 X YES 2 □ NO  OF WHAT COUNTRY?
FUNER	1112 E.		REET					ED STATES
8	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 X NO	II yes, s	CENDENT OF NISI pecify Cuban, Mex S 2 X XIO Spe	ANIC ORIGIN? (Specify Yelcan, Puerto Rican, atc.) cify:		RACE — American Indian, Black, White, etc. Specify: BLACK
ETED	15. DECEDENT'S ED (Specify only highest gra:	le completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	vork done during m		16b. KIND OF BU	ISINESS/INDUST	RY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	unem	ployed		n/	a	
E CO	17. FATHER'S NAME (First, Middle, Last) JOSEPH ST	ALLWORTH	JR.			NAME (First, Middle, Maider OROTHY D	ARLEY	
TO BE	190. INFORMANT'S NAME (Type/Print)  JOAQUINA	STALLWORTH	19b. MAILINO 526	ADDRESS (Street	NWOOD D	AVENUE,	BATTI	NORE, MD#0
	20a METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rei	moval from State (9	b. PLACE AND DATE C				OCATION — City	
	4 Donation 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE L		ULLY H		EMORIA		, CHAS	SE, MU
	· Juen/C	Kag		WM.	C. MA	RCH FH1	101 E.	. NORTH AV
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	ь	A CONSEQUENCE OF	7: 	- Dai	<b>2</b> 5	-	
CERTIFI	that initiated events resulting in death) LAST  d							
MEDICAL	PART II. Other algnificant condition	ona contributing to death	but not rasuiting i	n tha underlyin	ng cause givan	In Part I. 24a. WAS APPERFO	RMEO?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? YES 2 NO
AN:	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF			10 🗆		<b>X</b>
'SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA	OTHER:	ne 5 Residence		IN PAR	P.K
PHY	27. MANNER OF OEATN 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN.	JURY AT ORK?	28d. OESCRIBE HOW		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, lerm, s	5M 1 🗆		261. LOCATION (Street	and Number or R	Jural Route Number,
III II	4 Thomicide determined	something, and, (Spec	TARK			300 Bl.	Polle	son Ave
ᇤ	29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my know						use(s) and manner as state
ᇤ								
COMPLET					29c. LICENSE N			GNEO (Month, Day, Year)
ᇤ	MEDICAL EXAMIN	2000		Print)	29c. LICENSE N			SNEO (Month, Day, Year) Y 27, 1994
BECOMPLET	One) 2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFI	2000	EATH (ITEM 27) (Type,		0.0.1	M.E.	▶ JUL	



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		STATE STATE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  MONTH  DAY  YEAR.  3. TIME OF DEATH
		JUIRK, JOSEPH JULY 27 1994 11:55 P.
		4. SOCIAL SECURITY NUMBER 7 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HHS. 7. DATE OF BIRTH (Month, Day, Ver) Country)  PRS. MONTHS DAYS HOURS MIN. 3-10-1935  B. BIRTHPLACE (Statio or Foreign Country)
3 should		90. FACILITY NAME (If not institution, give stood and number SPTTAT.  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
2	DIRECTOR	BALTIMORE CITY
. 3068 1,	E C	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
permit. Pages		MD. BALTIMORE LIMITS?
	FUNERAL	1313 WALDEN AVE.  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  21211  U.S.A.
020 physician. burial-transit	N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14, RACE - American Indian.
	BY F	1 Never Married 2 Merried   FORCES? 1 YES 2 NO   It yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Widowed 4 Divorced   Poerto Rican, etc.) 1 YES 2 NO Specify:
215-0 attending se as the	ED B	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY
21 21 50 u	1	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.]  [Give kind of work done during most of working life. Do NOT use retired.]
	COMPL	4 INSPECTOR FEDERAL GOU,
YLA by the be det	111	17. FATHER'S NAME (First, Middle, Last) WILLIAM SWIRK  18. MOTHER'S NAME (First, Middle, Maiden Surname) LSSABELLE KRIK
MAR retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
	2	ARTHUR DRAGER SLIGHT ST. BALTO. MD. 21202
ALTIMORE, leath. Page 6 may be funeral director, page	MUST.	20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION / Name of  20c. LOCATION — City or Town, State  4 Donation 5 Other (Specify)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State
TIMO Page 6		21. SIGNATURE OF FUNCHAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2/7. Z. 4
0 = 0		- Lonea J. Stande 1. SKARDA F.H. 2829 HUDSON ST.
B urs after of in by the removal.	шедіса	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feilure. Liet only one cause on each line.
E G	H H	IMMEDIATE CAUSE (Finel Onset and Death
ted within completely fill cremation,	event, the	disease or condition resulting in death)  e. RESPIRATORY FAILURE IC miles  Due to (or as a consequence of):
		Source Holling Box and Miles To. COPD
8 0	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
phy phy	TIFIC	CAUSE (Disease or injury that initiated events  C. ON SU MONTH  DUE TO (OR AS A CONSEQUENCE OF):
0. 4 g f	07 111	resulting in death) LAST
	AL CE	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS
E # # #		PERFORMED?  AWAILABLE PRIOR TO COMPLETION OF CAUSE
RECO w requires th been signed nt. of Health	Snows a	1 Tyes 2 Days
	AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
产 年 書 書	SICIAN:	EXAMINER? HOSPITAL: OTHER:
. 0 5 E	ö   <u>≻</u>	27. MANNER OF DEATH  28s. DATE OF INJURY (Month One Vise)  28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED (Month One Vise)
	BY PH	1 Matural 5 Pending 2 Accident Investigation M 1 YES 2 NO
SIC TENDI TENDI TENDI	Z8 IS	3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28b. LOCATION (Street and Number or Plural Route Number, City or Town, State)
DIRIG ON THE	E W	29a. CERTIFIER  (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attated.
HOSPITAL FUNERAL		one)  2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
보 분 명	E CO	9b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
THE TO THE be filed	OT	1
	[	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PTIM)  WAS IF MALAN UNION MEM. HOSPITAL RAITING RE.



1. DECEDENT'S NAME (First, Middle, Last)

HARRY

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N OF VITAL RECORDS,	Company of the
DIVISION	Contract on extraction of the last the
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	D. C. A.

Y GEORGE HARRY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 [XM 2 [ F 87 215-09-5880 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR HARBOR HOSPITAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION tob. COUNTY MARYLAND BALTIMORE BALTIMORE HIGHLANDS 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 2728 DAISY AVENUE 21227 feath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify BY 3 Wildowed 4 Divorced COMPLETED tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify College (1-4 or 5+) 4 SHIFT FOREMAN once, 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **THEODORE SEEBOLD** 듉 AMELIA BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ANNA E. COULLING 2728 DAISY AVENUE d with \_\_\_\_nours after death. Page 6 may be i mpletely filled in by the funeral director, page 5 cremation, or removal. Pe 20e. METHOD OF DISPOSITION
1 N Buriel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must MEADOWRIDGE MEMORIAL PARK 8/1/94 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE EAST PATAPSCO AVENUE the medicai 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final) disesse or condition resulting in desth) completely 105C traumatic event, DUE TO (OR AS A CONSEQUENCE OF): an and com 86 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING physician Hygiene prior CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa affending resulting in death) LAST 6 Mental ury. the PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 2 MEDIC DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN PHYSICIAN has I Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem **EXAMINER?** OTHER: 1 YES 2 NO 1 🖾 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c 26b, TIME OF 28c. INJURY AT WORK? marked, INJURY 1 Natural 5 Pending Investigation м 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark ΒY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 966 ,M.D 1-01885 /2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LACSON

EMUMUMO

31. DATE FILED (Month, Day, Year)

AUG 0 2 1994

JR., MD.

32. REGISTRAR'S SIGNATURE

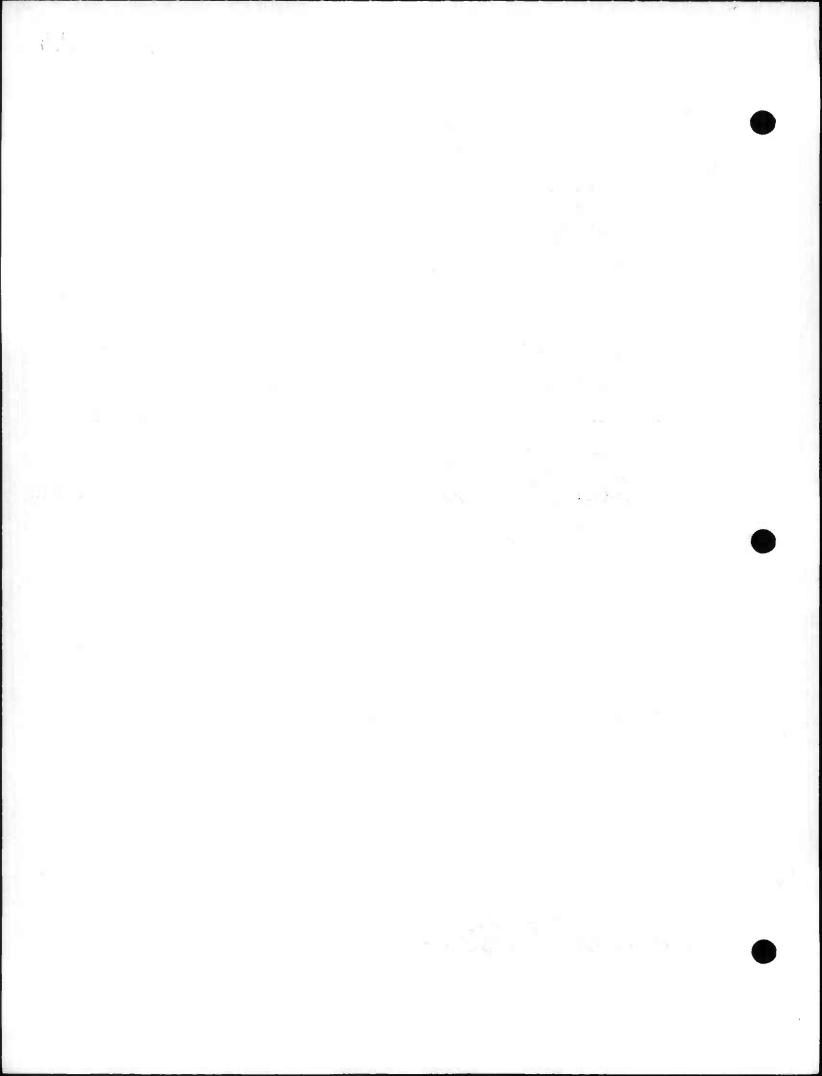
3001 S. HMIOVOR ST. BALTIMORY

CERTIFICATE OF DEATH

SEEBOLD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR 5:32 Am 07 28 94 8. BIRTHPLACE (State or Foreign APRIL 27,1907 MARYLAND 9c. COUNTY OF DEATH tod. INSIDE CITY
LIMITS 2

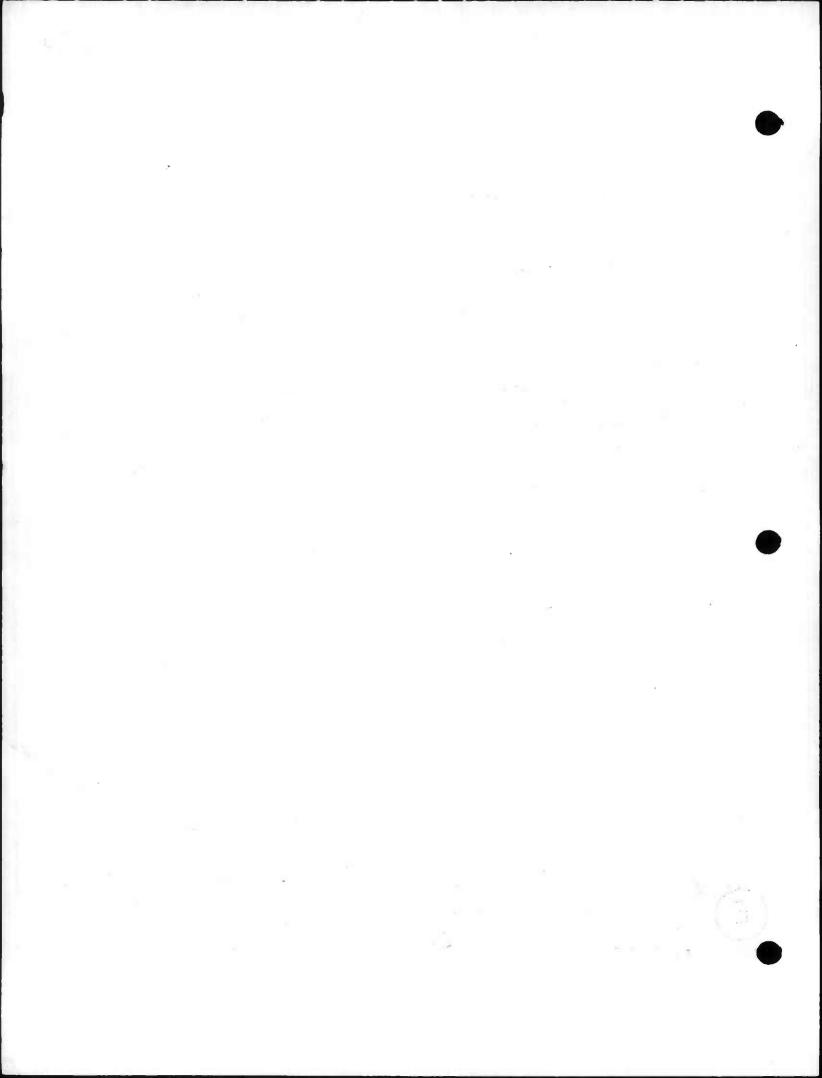
t YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE --- American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY GLASS COMPANY MYERS BALTIMORE, MARYLAND 21227 20c. LOCATION — City or Town, State ELKRIDGE, MARYLAND FUNERAL HOME OF BROOKLYN BALTO. MD. 21225 Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 28-94



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equires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should i	ation,	Aha
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HOSPITA	FUNERAL I	within	PARTY.
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	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) William Er: William Schulde				0-94 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (	7 3 YRS. MON	JNOER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 1 3 - 1 9 2 1	B. BIRTHPLACE (State or Foreign Country) Marvland
_	9e. FACILITY NAME (If not institution, give street end number)		CITY, TOWN OR LOCATION OF D		OUNTY OF DEATH
DIRECTOR	Good Samaritan Hospital	В	altimore		na
RE	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
	Maryland Baltimore Co	E	altimore	Leon	1 YES 2 NO
FUNERAL	206 Sipple Avenue		212	"	USA
<u> </u>	11. MARITAL STATUS  12. WAS DECEDENT EVER IF  1 Never Married 2 X Merried FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes or No-	
B	1 Never Married 2 X Merried  3 Wildowed 4 Divorced    PORCEST 1 X 1 YES	ATES	1 TES 2 NO Speci		Specify: White
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of working	16b. KIND OF BUSINESS/	INDUSTRY
COMPLETED	Elementary/Secondary (0-12)	Electri	,	Shippin	g Industry
SOS	17. FATHER'S NAME (First, Middle, Last)	nicoti:		AME (First, Middle, Melden Surname	n)
BE	Conrad F. Schulze	10h MAIL INC ADD		de Smith	
임	Dorothy Schulze			Route Number, City or Town, State, Balto, MD212	All the said
	20e. METHOD OF DISPOSITION 1	. PLACE AND DATE OF Directory, crematory or other p	SPOSITION (Name of		- City or Town, State
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE Ronald V	7-1- D4-	22. NAME AND ADDRESS OF FA	CILITYS .	
	Smud Ild pase		655W.Baltin	courState Ana nore St,Balt	o,MD21201
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on e	the death. Do not each line.	inter the mode of dying, suc	h as cardiac or respiratory	arrest, Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	1. 1.	er disecco	•	Onset and Death
	resulting in death)  a. DUE TO (OR AS A	CONSEQUENCE OF):	ier ousecon	2	10 days
NO	Sequentially list conditions, bb.	CONSEQUENCE OF):			
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF).			
CERTIFICATION	thet initiated events  resulting in death) LAST	CONSEQUENCE OF):			
CER	d				
SAL	PART II. Other algnificant conditions contributing to deeth b	ut not resulting in th	e underlying ceuse given in	PERFORMED?	AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL				1 U YES 2 NO	COMPLETION OF CAUSE OF DEATH?
N.					1 TYES 2 TO NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТ	26. PLACE OF DEATH (C/	neck only one)	
HYS	1 ☐ YES 2 ☐ NO	26b. TIME OF	Nursing Home 5 Realdence	6 Other (Specify)  28d. DESCRIBE HOW INJURY C	OCCURED
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WORK?  1 YES 2 NO	I so seconde non neoni	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3 Suicide 6 Could not be datermined 28e, PLACE OF INJURY building, atc. (Spec	— At home, term, street	, factory, office	261. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred at	the time, date end place, end due	to the cause(e) and menner as a	stated.
NO.	one) 2 MEDICAL EXAMINER: On the basic of examination				
BE	296. SIGNATURE AND TITLE OF CERTIFIER HASSON Ladeh M.D.		29c. LICENSE NU		DATE SIGNED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE.	ATH (ITEM 27) (Type, Print	11		1. 2014
H	Kambix Hassanz		7		
	31. PATE FILED (Month, Day, 18ar) AUG 2 1994 AUG 2 1994	arless	·		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

						IOAT	_ 01	DLA	111		HEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE (			YEAR	3. TIME OF DEATH
	WILLIAM	В	HTOC	OTH SETT			E , M.D.						994	12:08 A M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	Y	_	9 24 HRS.	7. DATE C	F BIRTH	I	8. BIRTH	PLACE (State or Foreign
	214-01-4234		1 🔛 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.	Day: Year)	1909	MARY	YT,AND
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY	b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
H	MANOR CARE RUXTON					BALTIMORE BALTIMORE			/OPE					
DIRECTOR	RESIDENCE OF DEC	CEDENT				DA	11111	IORE				DE	7T1 T T1	TORE
<b>E</b>	10a, STATE 10b, COUNTY				10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
5	Maryland	Bá	altimore		7	owso	าท						ļ	1 YES 2 NO
A	10e. STREET AND NUMBER					CVVSC	_	f. ZIP COD	E			10g. CITI	ZEN OF W	/HAT COUNTRY?
ER.	956	Dulane	ey Valley	Road				211	204				U.S.	71
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AI		13.	WAS DE			VIC ORIGIN?	(Specify Yea			— American Indian, , White, atc.
	1 Never Married 2 🔀		FORCES?	YES 2	NO		If yes, s	pecify Cubi	en, Maxica	n, Puarto Ri	ican, etc.)		Black	, White, atc.
m 3 Widowed 4 Divorced			X	Gpoon				V	γ: VHITE					
COMPLETED	15. DEC	EDENT'S EDU y highest grade	CATION		ECEDENT'S					16b.	KIND OF BUS	SINESS/IND	_	
<u> </u>	Elementary/Secondary (I		College (1-4 or 5		. Do NOT us	se retired.)	ourny m	OST OF WORK	ng					
E I			8 yrs.		PH	YSIC	IAN				ME	DICA		
ō	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		
ш	WILLIAM	BOOTH		SETTI	E			NE	LLIE		KIRK		SMIT	rh l
00	19a. INFORMANT'S NAME (1			19	b. MAILING	ADDRES	\$ (Street	and Numbe	r or Rural I	Route Numbe	or, City or Town	n, State, Zip	Code)	
2	Ruth R. Se	ttle		i	Same									
	204, METHOD OF DISPOSIT	ION		20b. PLACE				ame of		OATE	20c. LO	CATION —	City or To	wn. State
	1 XBurial 2 Crematic 4 Donation 5 Other		oval from State	cemetery, cr	ematory or o	ther place!	1		/01	1				
	21. SIGNATURE OF FUNERA		CENSE	nood.	Lawii			NO ADDRE			WOC	<u>araw</u>	n, M.	aryland
			1//								AL HOM	E IN	C.	
	Ca	XX	. / an	5/		1	.050	YORK	ROA	D TO	WSON,	MD.	2120	4
	23. PART I. Enter the d	seases, or	complications the	t caused the d	eath. Do i	not enter	r the me	ode of dy	ing, auc	h as cardi	ac or reapi	ratory arr	eat,	Approximate
	ahock, or heert fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ACUTE RESPIRATORY FAILURE 1-ZHOURS													
	disease or condition resulting in death)	<b>→</b>	. A	CUTE	6	1831	PIR	3 101	ny	F	AILU	28		1-24044
	resulting in death)	•	OUE TO	(OR AS A CONSE	<b>OUENCE</b> O	F):								
z			b	ASP	IRA.	110	N	F	NEI	UMO	NIA			2-3 4.41
음	Sequentially list condit if any, leading to imme	iona,	OUE TO	(OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	cause, Enter UNDERLY CAUSE (Disease or Inju		c	3432			EB	1617	TA 7	101				6-8 MONTH
E	that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):								
H	resulting in deeth) LAS		d,											
	PART II. Other significe	nt condition	a contributing to	death but not	ro estilla e	In the su	ndo dula		eliza le	Don't I				
EDICAL	CEREBAPUAS	CULAA	10/11/66	ICIENCY	/	m the at	iluei iyii	g cause	diagii iii	Part I.	24a. WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă											1   YES 2	NO		COMPLETION DF CAUSE OF DEATH?
Σ			DECU							]				1   YES 2   NO
ÿ	DID TOBACCO		CONTRIBUTE	TO CAU	SE OF	DEA	TH Y	res _	] NC					
5	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			QTHE		LACE OF D	EATH (Ch	eck only one	)			
YSI	1 TES 2 NO		1 Inpatient 2	ER/Outpatient :	□ DOA			ne 5 🗆 R	esidence	8 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF OEATH		28a. OATE OF (Month, D		28b. TIM	E OF IURY	28c. IN.	JURY AT ORK?		28d. OE\$0	CRIBE HOW II	NJURY OCC	UREO	
В		Pending Investigation				М		YES 2 [	] NO					
	3 Suicide 8	Could not be	28a. PLACE C	F INJURY — At he etc. (Specify)	ome, 1erm,	street, fac	tory, offic	ca			TION (Street a	nd Number	or Rural R	loute Number,
COMPLETED	4 Homicide	detarmined		(//						City of	i iowii, Siaie)			
ا ي	29a. CERTIFIER CERT	TIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occurr	ed at the t	lime, data	and place	and due	to the caus	e(a) and man	mar na stat	ad .	
N N														) and manner as stated.
8														
띪	396. SIGNATURE AND TITLE	OF CERTIFIE	0	An	. D.			29c. LIC	ENSE NUM	-				(Month, Day, Year)
2	lound Dille	مامماد	ungel	-				De	/ ( -	316		PA	C Ca	ST-1-94
	. NA AND ADDRESS OF													
	DR. JOSEPH		TARANGEL	0 301 8	ST. P	AUL	STR	EET B	ALTI	MORE	MD.	212	02	i
	31. DATE FILED (Month, Day,	,		AR'S SIGNATURE								*		
	AUG 02 190	11 %	13 14 3	<i>a</i>										
	7177			1000										

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D.	
)	

	94-4387-510						96	22541
	blh						2 1	
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF		MENTAL HYGIEN		
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Calvin	Stanle	v, s	Sr.		July 31	199	4 0215 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	216-05-9464  Sa. FACILITY NAME (If not institution, give s	1 M 2 D F	76 YRS.			01-26-191		Maryland
œ					OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
570	Liberty Medica	<u>l Center</u>		L Bal	timore			
DIRECTOR	10a. STATE 10b. COUNTY	*	10c. Cl	TY, TOWN OR LOC	ATION			10d, INSIDE CITY LIMITS?
	Md. Ba:	ltimore			timore			1 TYES 2 NO
FUNERAL					Of. ZIP CODE			OF WHAT COUNTRY?
N N	3412 Kelox Road  11. MARITAL STATUS	t2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DI	21207	NIC ORIGIN? (Specify Ye		USA BACE — American Indian
	t Never Merried 2 Merried	FORCES? 1 YES	2 NO	It yes,		in, Puerto Rican, atc.)	"	RACE — American Indian, Black, White, etc. Specify:
Э ВУ	3 Widowed 4 Divorced	<u> </u>						Black
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION tompleted)	(Give kind of life. Do NOT	work done during i	TION nost of working	16b. KIND OF BU	SINESS/INDUST	rry
2	Elementary/Secondary (0-12)	College (t-4 or 5 +)				0	07	
OM	17. FATHER'S NAME (First, Middle, Last)		IV	anager	18. MOTHER'S NA	ME (First, Middle, Meider	ry Clu	0
BE C	James Oliver Nich	nols			Eliza	beth Sarah	Steve	ns
TO B	190. INFORMANT'S NAME (Type/Print) Cecelia Jane Star	nley-Moten	19b. MAILIN 3412	Kelox	end Number or Rural Road Balt	Aoute Number City or Tow imore, Mar	yland	21207
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Rem		PLACE AND DATE	OF DISPOSITION (	Neme of	DATE 20c. LC	CATION — City	or Town, State
	4 Donation 6 Other (Specify)	Art	outus M	emorial	Park 8/0		butus.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE CIT	ENSEE		22. NAME	AND ADDRESS OF FA	Caple :	Funeral	Service
	1 Janes	B. Spl						Md. 21215
	23. PART i. Enter the diseases, or ahock, or heart fellure.	complications that caused t List galy one cause on eac	the death. Do ch line.	not enter the n	ode ot dying, auc	h as cardiac or reap	iratory errest	Approximate
	IMMEDIATE CAUSE (Final disease or condition	1	A .			9		Onset and Death
	resulting in death)	a. TYZVS	Ches I	r cas	018120	ular d	1500=	8
_]			ONSEGUENCE (	Jrj.				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE (	OF):				
S	CAUSE (Disease or Injury	с						
	that initiated events reaulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE (	OF):				
Ü		d						
ÄL	PART II. Other algnificent condition	s contributing to deeth but	t not resulting	in the underlyi	ng ceuse given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						1 YES	2 XNO	COMPLETION OF CAUSE OF DEATH?
M								t TYES 2 NO
AN	DID TOBACCO USE ( 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO C	CAUSE O		YES NO			
Sic	EXAMINER? t X YES 2 □ NO	HOSPITAL: 1   Inpatient 2   XER/Output	tent 3 🗆 DOA	OTHER:	ome 5 Residence	1		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 26c. II	NJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MOTATI, Day, Teat)			YORK?			
8	3 Sulcide S Could not be determined	28e. PLACE OF INJURY – building, atc. (Specify	At home, farm,	atreet, factory, of	ice	261. LOCATION (Street City or Town, Stete	and Number or F	Burei Route Number,
COMPLET	29e. CERTIFIER (Check only	ICIAN: To the best of my knowled	dge, death occur	red at the time, da	te end place, end due	to the cause(e) and me	nner as stated.	
ŏ.		R: On the beele of examination of						suse(e) end manner ee stated.
S W	296. SIGNATURE AND TITLE OF CERTIFIE	5	·		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Ybar)

DDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2"1994

Penn Street. Raltimore, Maryland

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The possible as the state of

		1 - FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF H		MENTAL HYGIENE REG. NO.		
	18	1. DECEDENT'S NAME (First, Middle, Lest)  JAMES TAYLOF	ξ				2. DATE OF DEATH DAY	28 9	
pp	100	216-36-4915	1 M 2 □ F E	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/30/39	Q	IRTNPLACE (State or Foreign ountry)  (aryland
. 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give street or street				imore	ATN	9c. COUNTY (	JF DEATN
. Pages 1,	DIREC	10e. STATE 10b. COUNTY MD	-		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
nsit permit.	ERAL	10a. STREET AND NUMBER 1108 Myrtle Av	enue	1 20	7	21201		10g. CITIZEN (	OF WHAT COUNTRY?
Z15-UUZU attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF NISPAN ecify Cuban, Mexican 3 2 NO Specify.			RACE — American Indian, Black, White, etc. Specify: Lack
. 6	LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life, Do NOT u	B USUAL OCCUPATION work done during moise retired.)	ON ost of working	16b. KIND OF BUSIF	NESS/INDUSTF	W
HTLAND of the the spital of the detached for all once.	E COMP	10th 17. FATHER'S NAME (First, Middle, Lest) Robert Taylor		<u>wate</u>	rfront		AE (First, Middle, Maiden Sc	umeme)	
retain 5 sho	TO BE	19e. INFORMANT'S NAME (Type/Print)  Vera Taylor					oute Number, City or Town, Balto., M		
ist b		20e. METNOD OF DISPOSITION  1 Surial 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	rai from State Co	b. PLACE AND DATE	OF DISPOSITION (No		OATE 20c. LOCA	ATION — City o	
		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Irving Car	roll	1712.	ND ADDRESS OF FAC W. North A ing Carroll V. Gilm	ve Albert	P. W	Mylie F/H P1 , MD 21217
with hours at notety filled in by cremation, or removerent, the medical		23. PART I. Enter the diseases and shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	INTRAC	each ilne.	AL HE	de of dying, such	a cardiac or reapire	itory arreat,	Approximata interval Between Onset end Death
th certificate be execute anding physician and co i Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O					
3 6 6 3 1	MEDICAL C	PART II. Other algnificant conditions ON COUMA OIN,						NED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
e law red has been Dept. of		DID TOBACCO USE C		CAUSE OF	26. PI	ES NO			1 TYES 2 NO
this criticate with the State	PHYSICIAN:		PITAL:   Impatient 2   ER/Out   28a, DATE OF INJURY (Month, Day, Year)	26b. TIR	ME OF 28c. IN.	URY AT DRK?	8 Other (Specify) 28d. OESCRIBE HOW INJ	JURY OCCURE	0
THE After and after the seatth	TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Nomicide datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term,		YES 2 NO	28t. LOCATION (Street en City or Town, Stete)	d Number or Ru	ıral Route Number,
AL OR AL DIRI 2 hour M Men	COMPLET	200. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:							use(e) end menner ee stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 P	TO BE C	29b. SIONATURE AND TITLE OF CERTIFIER	-	MO		29c. LICENSE NUM AU41764	35AT2818	29d. DATE \$10	NED (Month, Day, Year) 28/94
		24 DATE EN ED (Month Day Man)	COMPLETED CAUSE OF DE LA RYLAND 32 REGISTRAR'S SIGN	HOSPI					
_		1994	J. L. 18	Part M					

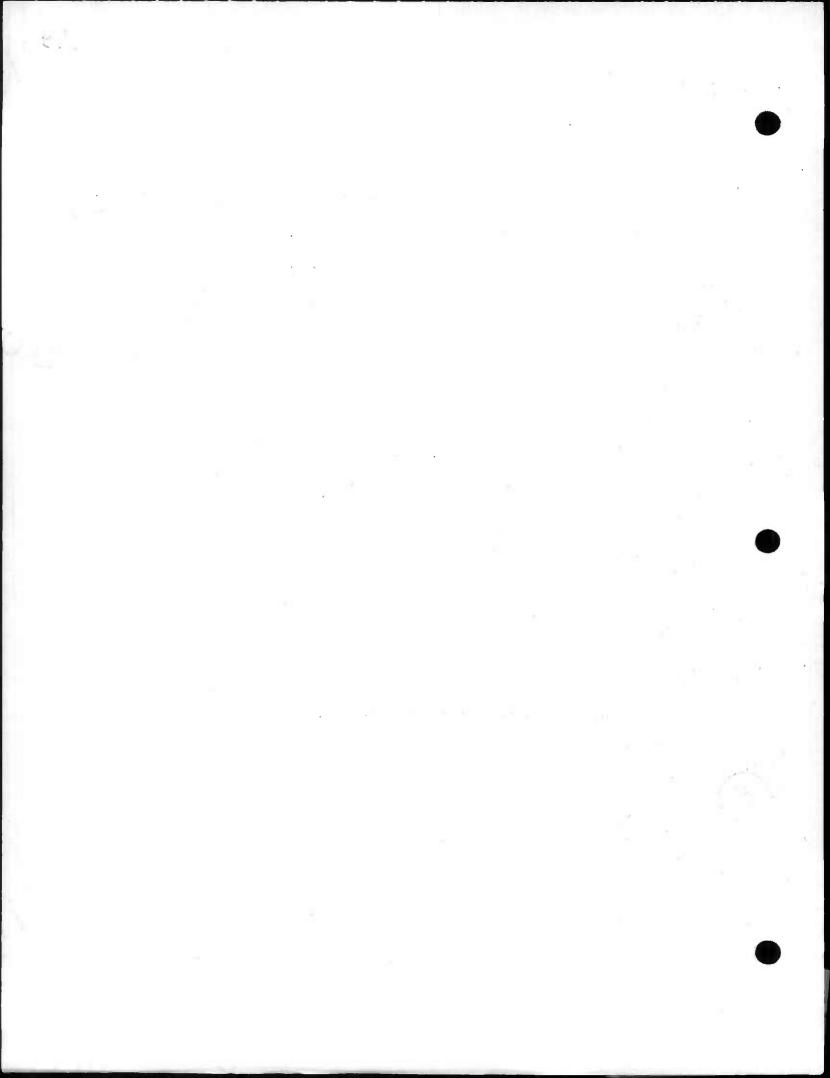
		•
020	fours after death. Page 6 may be retained by the hospital or attending physician.	
215-(	attending	
$\overline{\Sigma}$	9	
QN	hospital	
A	2	
7	6	
BALTIMORE, MARYLAND 21215-0020	retained	
	2	
R	may.	
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Σ	Page	1
ALT	death.	,
8	after	•
	SUDO	

X 68760, e executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	. OR FIEIDING RYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. Yes this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after been with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item of its maked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	OSPITAL OR STENDING	UNERAL DIRECTORY Ithin 72 hours after dea	INT: If item 28 is m
)	TO THE H	TO THE F	IMPORT

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	ENE
		C	ERTIFICATE	0	F DEAT	H		REG N	NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·				2. DATE OF DEATH		3. TIME OF DEATH
	Shirley C. Thoma	ıs				July 26	, 1994	6:08 P. M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	163-24-5941  9a. FACILITY NAME (If not institution, give str	1 M 2 X F 62	YRS.		R LOCATION OF DE	May 29,19		nnsylvania
DIRECTOR	Manor Care Towsor	Care Towson Nursing Center Towson Baltimore						
E C	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Ba	ltimore			e Marsh			1 TES 2 NO
FUNERAL	5208 Bangert St	reet		101	21162		U.S.A	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Yes	or No.— 14, RA	CE American Indian.
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Rican, atc.)		ck, white, etc.
8	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S US	BUAL OCCUPATION MO	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or 5 +) N/A	School	retired.)		Baltimo	re Count	ty Schools
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		,
BE C	Charles E. Crave	en			Margar	et I. Morg	an	
10 B	19a. INFORMANT'S NAME (Type/Print) Alice G. Craven	(sister)			nd Number or Aural A	Number, City or Tow	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION	206	PLACEANDDATEOF				CATION — City or	Town State
	1 Burial 2 Cremation 3 Remo	val from State ceme	etary, crematory or other een Moun	t Crema	tory	Bal	,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			D ADDRESS OF FAC	eral Homes	. Inc.	
	Matthe O	agetto		9705	Belair R	d., Baltim	nore, MD	21236
	23. PART i. Entar the diseases, or co ahock, or haert failure. L	omplications that caused int only one cause on ea	the deeth. Do no ich ilna.	t enter the mo	de of dying, such	ss cardiac or reepi	ratory erreat,	Approximata Intervai Between
	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Lyn	15HOV	AN				Onset and Death
z		DUE TO (OR, AS A	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ERT	reauiting in death) LAST							
AL C	PART II. Other significant conditions	contributing to deeth be	it not reeuiting in	the underlyin	g cause given in	Part i. 24s. WAS AN		Ib. WERE AUTOPSY FINDINGS
SC						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 TES 2 NO
N.	DID TOBACCO USE (	CONTRIBUTE TO	CAUSE OF	DEATH	YES   NO	X		
IC.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI QTHER:	ACE OF DEATH (Chi	eck only one)		
14S	1 YES 2 NO	1 Inpetient 2 ER/Outp	26b. TIME		e 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	H HIBY OCCHBED	
	Natural 5 Pending	(Month, Day, Year)	INJUI	RY WC	RK?	200. DESCRIBE NOW I	NJOHT OCCORED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, lectory, offic	•	261. LOCATION (Street a City or Town, State)		l Route Number,
E	20a CERTIFIER							
COMPLETED	cool city	IAN: To the beat of my knowl t: On the basis of examination						e(s) end manner as stated.
BE C	29b. SIGNATURE AND TILE OF CERTIFIER	- ' ( - ^	. 4		29c. LICENSE NUM	IBER	29d. DATE SIGNE	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type P	rint)	271	10	1/	21174
	Dr. A. Sergio Cas			,	Rd., Sui	te 201, Ba	alt., MD	21234
	31. AUG 0 2 1994	32. REGISTRAR'S SIGNA	ATURE					
	<i>U</i>							



Harford

U.S.A.

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 YES 2 X NO

21206

21236

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

interval Between

Onset and Death

10:30 A.

REG. NO

29

2. DATE OF DEATH

7. DATE OF BIRTN (Month, Day, Year)

Jan. 13,

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

AUG 0 2 1994

4. SOCIAL SECURITY NUMBER

557-32-8058

Mary A. Thess

5. SEX

1 M 2 X F

DIVISION OF VITAL RECORDS, P.O. BO)

should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Harford Memorial Hospital Havre de Grace RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Harford Edgewood permit. FUNERAL 10a. STREET AND NUMBER 10g: CITIZEN OF WHAT COUNTRY? 903 E. Cedar Crest Ct. 21040 use as the burial-transit attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe hospital or page 5 should be detached for ry/Secondary (0-12) College (1-4 or 5+) N/A N/A Insurance Underwriter Insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) ф James Thorpe Marie Sullivan notified at retained by BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eric Thess (son) 4523 Springwood Avenue, Baltimore, MD 9 be 20s. METHOD OF DISPOSITION
1& Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Раде 6 глау DATE must completely filled in by the funeral director. 4 ☐ Donetton 5 ☐ Other (Specify) Parkwood Cemetery 8/3 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY death. Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD removal nours after medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line cremation, or IMMEDIATE CAUSE (Finel disease or condition the within ater man resulting in desth) event. DUE TO (OR AS A CONSEQUENCE OF): executed to burial. traumatic CERTIFICATION and Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate attending physician requires that the death certificate be prior cause. Enter UNDERLYING CAUSE (Disease or Injury other Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 signed by the atten Heatth and Mental 1 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any sh to 1 ☐ YES 2 ☐ NO U peen 0 CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE PHYSICIAN: has be Dept. The law item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate h OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 YES 2 PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA red, or 27. MANNER OF BEATH 28s. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED = 1 Natural Accident 5 Pending 1 YES 2 NO Investigation OR: After 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide ш 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated. COMPL TO THE HOSPITAL O
TO THE FUNERAL D
be filed within 72 hq
IMPORTANT: If its MEDICAL EXAMINER: ation end/or investigation, in my opinion, death occured at the time, date end place, end due TITES OF CERTIFIER 296. SIGNATURE AND 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Linda Freilich, 101 E. Wheel Rd., Bel Air, MD 21015

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

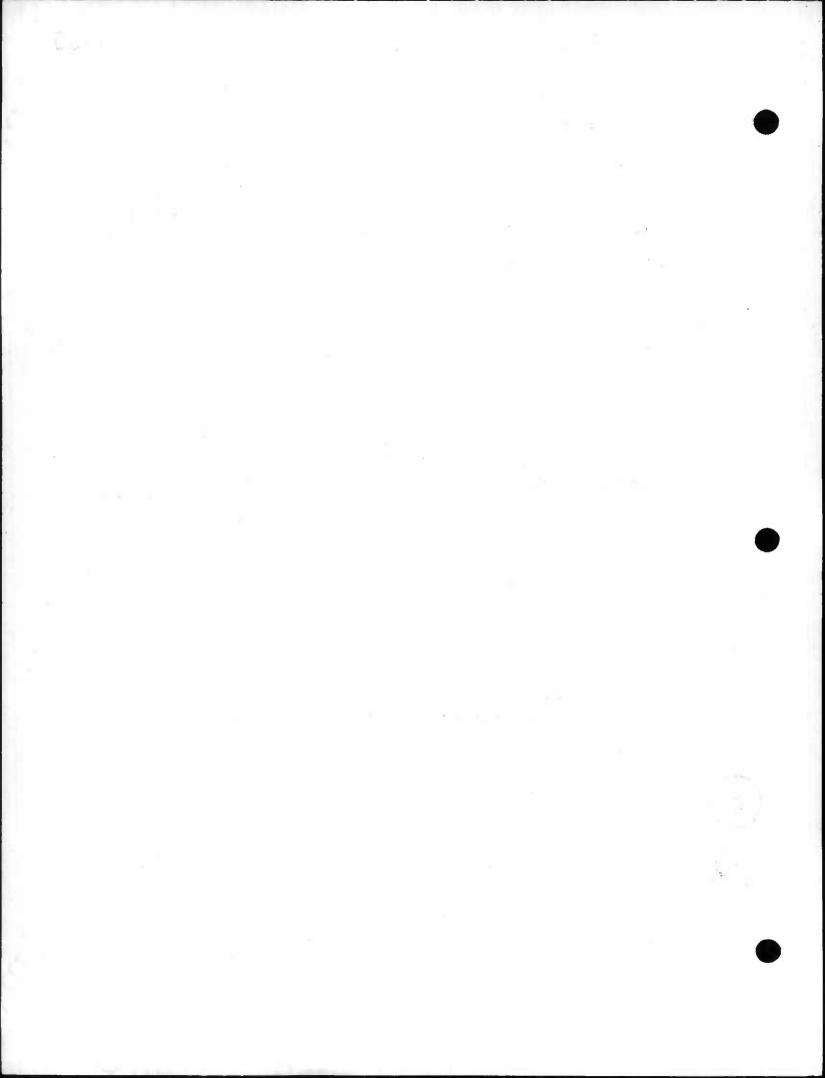
HOURS

6. AGE (In vrs. last birthday)

YRS

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DNMH-18 Rev 1/89



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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, La	nst)	CE				2.047	REG. NO.		T	3. TIME OF DEATH
	HAROL	DT	RICE	_			MON		3 - 10	YEAR	10:54K
DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		E OF BIRTH	/ /1	IT	PLACE (State or Foreign
	217-62-1639	15 M 2   F	40	YRS.	MONTHS DAYS	HOURS MIN	120	737/19	52	Country	to., MD
	9a. FACILITY NAME (If not institution, gi					OR LOCATION O			9c. COUN		
	LEVINDALE GE		CENTER		BAI	TIMOR	E		14		
S S	RESIDENCE OF DECEDENT 10a. STATE 10b. COU			10c. CITY	, TOWN OR LOCA	ATION					10d. INSIDE CITY
E .	MARYLAND			В	BALTIMO	DRE					LIMITS?
AL	10e. STREET AND NUMBER				to	of, ZIP CODE			t0g. CITIZ		HAT COUNTRY?
	3652 PASKIN B	PLACE				212	14			U	SA
BY FUNERAL	11. MARITAL STATUS  1 \( \) Never Married 2 \( \) Married  3 \( \) Widowed 4 \( \) Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X N				ilN? (Specify Yea o Rican, etc.)	or No-	I4. RACE Black, Specify	- American Indian, White, atc.	
מ	15. DECEDENT'S E	EDUCATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ION	11	5b. KIND OF BUS	SINESS/INDU	STRY	Diuck
ū	(Specify only highest gi	rade completed)  College (1-4 or 5 +)	(Gi	ve kind of w Do NOT use	rork done durina m	ost of working					
7	12th		1	lote	1 Mana	gement		Hote	e1		
COMPL	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (First	, Middle, Malden			
1	HAROLD TRICE	j.						HARDS		6 4	
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street PASKI			BALTO •			1244
	HILDA TRICE				PASITION (A						
	Burial 2 Cremation 3 □ R     Donation 3 □ Other (Specify) □	Removal from State	cemetery, cre-	matory or oti			1	14 RAN	CATION — C		
									1141.		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSE 1	1 112110	111111		ND ADDRESS OF		4 IKAN	DILLI	310	WN, MD
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSE	net	+	LERC	ND ADDRESS OF	FACILITY YET!	r & SO	N FU	NER	AL HOME
	Herou	0, 1	list	+	LERO 4600	OY O. I	FACILITY YETT	r & SO HEIGHT	N FU	NERZ ENUI	AL HOME E 2120
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31. DATE FILED (Morith, Day, Year)
AUG 0 2 1994 32 REGISTRAR'S SIGNATURE

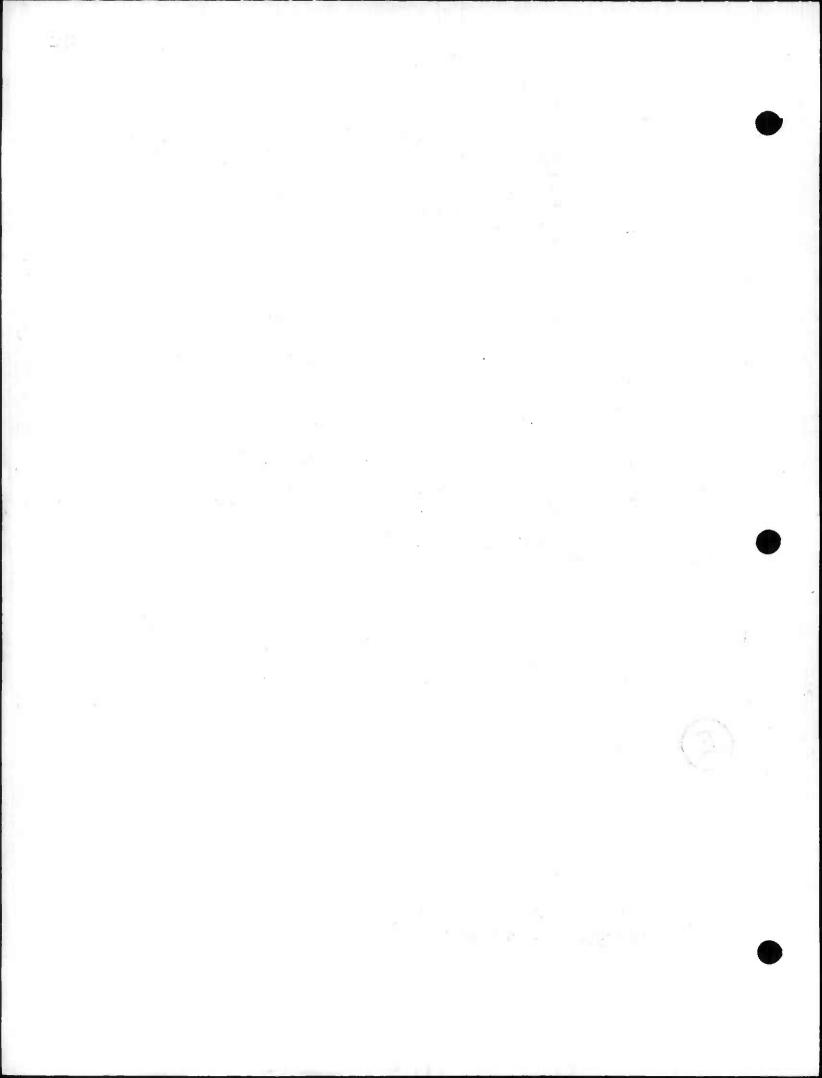
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

. (3)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ter death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marke, or Item 13 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

				,			
	1 - STATE STATE OF MARYLAND / DEP						
		IFICATE OF DEATH	REG. NO.				
DIRECTOR	1. DECEDENT'S NAME (FIRST, MICHOLOGICAL LIBER)  THE VIL	HAW	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH  SOM M			
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthde	MONTHS DAYS HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) Oct. 21,1912	a: BIRTHPLACE (State or Foreign Country) Virginia			
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. C	COUNTY OF DEATH			
	Franklin Woods Nursing Home		Rossville Balt				
	Md. Baltimore 10c.	CITY, TOWN OR LOCATION ESSEX		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
RAL	10a. STREET AND NUMBER	10f. ZIP CODE	11.0%	CITIZEN OF WHAT COUNTRY?			
빌	616 Dunwich Way	2122	1	USA			
BY FUNERAL	11. MARITAL STATUS  1	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specity: White			
۵	15. DECEDENT'S EDUCATION 16a DECEDENT	T'S USUAL OCCUPATION	186. KIND OF BUSINESS.				
COMPLETED	(Specify only highest grade completed) (Give kind life. Do NO College (1-4 or 5+)	of work done during most of working T use retired.)	R.J.Par	MATERIAL STATE OF THE STATE OF			
§ ₹		nical Engineer					
8	17. FATHER'S NAME (First, Middle, Last)	The second secon	ME (First, Middle, Malden Surnam	10)			
BE	Walter W. Trevillian Sr.  19a. INFORMANT'S NAME (Type/Print) 19b. MAIL		ma Parrish				
TO BE CON		NG ADDRESS (Street and Number or Rural F 6 Dunwich Way					
	1 Burial 2 Cremation 3 Ramoval from Stata cemetery, crematory			- City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	S of Faith 8/	11/94   Ross	sville Md.			
a value de la company de la co	R. Terry Councilly		uneral Home				
	23. PART I. Enter the diseases or complications that caused the death. D	o not enter the mode of dving, auci	vo Baltimo	arrest, Approximate			
	ahock, or heert fallure. Elst only one cause on each line.		^	Interval Between			
	disease or condition  resulting in death)  Metastatic	Carcinousa o	f the Am	to to			
	a. DUE TO (OR AS A CONSEQUENCE		100/100	years			
		•		-			
ERTIFICATION	Sequentielly flat conditions, If any, leading to immediate	OF):					
<b>E</b>	couse. Enter UNDERLYING CAUSE (Disease or injury						
E	that initiated evente DUE TO (OR AS A CONSEQUENCE	OF):					
	resulting in death) LAST						
S	PART II. Other algnificent conditions contributing to death but not resulting	to in the underlying course above in	Don't l Dec HIND AN AUTON				
3	The state of the s	ig in the underlying cause given in	Part I. 24s. WAS AN AUTOP PERFORMED?	AMILABLE PRIOR TO			
MEDICAL			1 YES 2 NO	OF DEATH?			
Σ			_	1 TYES 2 NO			
1	Des. was case referred to medical						
0	EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Che	ick only one)	N -4" N1 (			
S	1   YES 2 SANO   1   Inpetiant 2   ER/Outpetient 3   DO/	The state of the s	<u></u>	potien hospice			
	200.	INJURY 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED /			
<b>a</b> B	2 Accident Investigation	M 1 YES 2 NO					
TED	3 Sulcida 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, family building, atc. (Specify)	m, street, factory, offica	28f, LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,			
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occ	urred at the time, data and place, and dua	to the cause(s) and menner as	stated.			
COMPLETE	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investig						
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	BER 29d. I	DATE SIGNED (Month, Day, Year)			
TO B	We Hallarines, MA	1082	.52	July 29, 1994			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7) (W.D. HAKKARIA) E.J., M. FRAUKLIA)	SOUARS ASDITAL	Canad P	ALTIMONE, MA			
	31. DATE FILED (Mogrin, Day, 1607)  ALL SLEED FILED (Mogrin, Day, 1607)  ALL SLEED FILED (Mogrin, Day, 1607)  ALL SLEED FILED (Mogrin, Day, 1607)	SATING TOSPILL	- CENTURE 12				
1 - 1	1100 0 1001						



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		DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, one share death with the State Devi. or Health and Mental Havingan horry in burial cremation, or removal.
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	N. T	State
	SICIA	certi
DISTOR OF ALAE AECONDS, T.O. DON 00100,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	ir this
5	NDING	: Afte
2	ATTE	CTOR
5	OR.	DIRE
	A	1

	1. DECEDENT'S NAME (First, Middle, Last)  Clarence D. Upsher Jr.  2. DATE OF DEATH MONTH B DAY 1 9EATH								947	3. TIME OF DEAT		
	4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER I YEA		- /4	ATE OF BIRTN Worth, Day, Year)		8. BIRTH	NPLACE (State or Fi
	212-16-216	6	1 XM 2   F		74 RS.	MONTHS DAY	B HOURS MIN			1920		arvland
	9a. FACILITY NAME (If not	t institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF	DEATN		_	NTY OF D	
AL DIRECTOR	Villa St	. Mich	naels Nu	rsing	Home	Ва	1timore					
	RESIDENCE OF DE	10c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY			
	Maryland	1				Balti	more					LIMITS?
	10e. STREET AND NUMBE	ER				Daioi	101. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
ER	5021 Pim	lico F	Road				2121	5			USA	
FUNER	11. MARITAL STATUS 1 Never Married 2	Married .	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YES	2 XNO	If yes,	DECENDENT OF HIS , specify Cuban, Mer YES 2 NO Sp	dcan, Pue		or No-	14. RACI	E — American India k, White, atc.
) BY	3 Widowed 4 Di											Black
TED	15. Di (Specify o	ECEDENT'S ED	UCATION le completed)	11	Give kind of	vork done during	ATION most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
PLE	High School		College (1-4 or 5	+)	iiie. Do NOT us	tal. C	lork		II C	Dan	4 - 1	Commi
COMPLET	17. FATNER'S NAME (First,		Jpsher		FOS	tal. C		NAME (E)	irst, Middle, Melden		td1.	Servic
EC	Clarence								ear Bro			
0	19a. INFORMANT'S NAME				19b. MAILING	ADDRESS (Stre	et and Nur		Number, City or Tow			
5	Clarice H	Fortur	ne .		5021	Pim1	Road		Baltime			2125
3	20s. METNOD OF DISPOS 1X Burlel 2 Crema	BITION	-		LACE AND DATE	OF DISPOSITION			7 70 70	CATION —		
	4 Donation 5 Oth		noval from State	- Ar	butus	Memor	ial Par	k 18	3/5 Ba	1.tir	more	e, MD
	23. PART I. Enter the	diseases or	complications the	the	be death Do	Balt	l Gwynns timore, N	fary!	ls Parkw	216		Homes,
	23, PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	r haart fallure Final	Liet only one cer	1 fafre	h line.	Balt not enter the	l Gwynns timore, N	Fall fary	Is Parkw land 21 cardiac or reap	216 Iratory an	reat,	Approximation interval B
ERTIFICATION	ahock, or IMMEDIATE CAUSE (I disease or condition	dittions, nediate LYING njury	a. DUE TO  DUE TO  C	A fate	Squa	Balt not enter the	l Gwynns timore, N mode of dying, a	Fall fary	Is Parkw land 21 cardiac or reap	216 Iratory an	reat,	Approximation interval B
DICAL CERTIFICATION	ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	r heart failure Final  ditions, nediata LYING njury AST	a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CO	h line.  Sq va  ONSEQUENCE OF  ONSEQUENCE OF	Balt not enter the	Gwynns timore. A mode of dying, a	Fall Mary auch as	Is Parkw land 21 cardiac or reap  Un Consum  1. 24a. WAS AN PERFOR	AUTOPSY	rest,	Approximinterval Boonset and Mon
MEDICAL	ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	heart failure Final  ditiona, nediata LYING njury AST	a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CO	h line.  Sq va  ONSEQUENCE OF  ONSEQUENCE OF	Balt not enter the	Gwynns timore. A mode of dying, a	Fall Mary auch as	Is Parkw land 21 cardiac or reap	AUTOPSY	rest,	Approximinterval B Onset and Mon
MEDICAL	ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Li	ditions, necliate LYING nijury  AST  Cant condition	a. DUE TO  b. DUE TO  c. DUE TO  d. Meda	OR AS A CO	h line.  Sq va  ONSEQUENCE OF  ONSEQUENCE OF	Balt not enter the	Gwynns timore. A mode of dying, a	Fall Mary I wuch as a	I. 24a. WAS AN PERFOR	AUTOPSY	rest,	Approximinterval Boonset and Mon
YSICIAN: MEDICAL	shock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LA  PART H. Other significations are supported by the conditions are supported by	ditions, necliate LYING nijury  AST  Cant condition	a. DUE TO  b. DUE TO  c. DUE TO  d	OR AS A CO	h line.  Squa  ONSEQUENCE OF  ONSEQUENCE OF	Balt not enter the	I Gwynns timore. N mode of dylng, a Carcynon	Fall Jary I with as a large in Part (Check on	I. 24a. WAS AN PERFOR	AUTOPSY	rest,	Approximinterval Boonset and Mon
PHYSICIAN: MEDICAL	shock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signify  25. WAS CASE REFERRED EXAMINER?  1 YES 2 AO  27. MANNER OF DEATH	ditions, necliate LYING nijury  AST  Cant condition	a. DUE TO b. DUE TO d. DUE TO HOSPITAL: 1   Inpetient 2   28e. DATE Of	OR AS A CO	ONSEQUENCE OF ON	Palt not enter the modern the underly a contract of the contra	Carcinon  ying cause given	in Part	I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b	Approximinterval Boonset and Mon
ED BY PHYSICIAN: MEDICAL	ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list concif any, leading to immicause. Enter UNDERL CAUSE (Disease or that initiated events resulting in death) Lipanti and the condition of th	cant condition  Cant condition  AST  Cant condition  Cant cond	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO) (OR	ONSEQUENCE OF ON	Palt not enter the motion of enter the motion of the underly of th	Carcinon  Ving cause given  PLACE OF DEATH  Home 5   Residen  NJURY AT  WORKY	in Part	I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY AMED?	24b	Approximinterval Boonset and Mon
FLETED BY PHYSICIAN: MEDICAL	ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Li  PART II. Other signification in the significant in	cant condition  pa-MEDICAL  Pending Investigation  Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	OR AS A COOR AS A CO	ONSEQUENCE OF ON	Daltiot enter the	Carcinore, No mode of dying, a Carcinore, No mode of dying, a Carcinor of the	in Part  (Check on 28d.	I. 24a. WAS AN PERFOR 1 YES 2  LOCATION (Street City or Town, State)  cause(a) and mai	AUTOPSY MED?	24b	Approximinterval B Onset and Mon
ED BY PHYSICIAN: MEDICAL	ahock, or iMMEDIATE CAUSE (I disease or condition resulting in death)  Sequentially list condition if any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Li  PART II. Other signification in the significant in	cant conditions, inediata LYING injury AST  Cant conditions in the condition in the condition investigation investigatin investigation investigation investigation investigation investi	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1   Inpetion 2   28e. DATE Of (Month, L) 28e. PLACE C building.	OR AS A COOR AS A CO	ONSEQUENCE OF ON	Daltiot enter the	Carcinore, No mode of dying, a Carcinore, No mode of dying, a Carcinor of the	in Part  (Check on ce 6 28d.	I. 24a. WAS AN PERFOR 1 YES 2  LOCATION (Street City or Town, State)  cause(a) and mandata and place, and data and	AUTOPSY and Number as stand due to ti	24b	Approximinterval B Onset and Mon

		ages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	1 by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALT	rs after death. }	by the funeral

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.				
8	1. DECEDENT'S NAME (First, Middle, Last)  CLARENCE THEODORE	VER	MILLION, JR.	2. DATE OF DEATH MONTAUG 1 DAY	994 YEAR 3	7:25 am		
	4. SOCIAL SECURITY NUMBER 5. SEX 215-10-2149 1 ⊠ M 2 □		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb 21, 19	Country)	ACE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give street and number) Saint Joseph Hospital		96. CITY, TOWN OR LOCATION OF D Towson, Man	EATN	9c. COUNTY OF DEA			
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10.00	Y, TOWN OR LOCATION		7-			
- DIRECTOR	Maryland Baltimo		Towson		Od. INSIDE CITY LIMITS? YES 2XXNO			
FUNERAL	10e. STREET AND NUMBER 614 Valley Lane		101. ZIP CODE 21.2	10g. CITIZEN OF WH				
B	1 Never Married 2 V Married FORCES?	DENT EVER IN U.S. ARMED  1 1 YES 2 NO /E WAR OR DATES  WW II	13. WAS DECENDENT OF HISPA It yes, specify Cuban, Maxic 1  YES 2 NO Specify	an, Puerlo Rican, atc.)	or No— 14. RACE — Black, 1 Specify:	- American Indian, Whita, atc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 o	(Give kind of w life. Do NOT us		16b. KIND OF BUSH	NESS/INDUSTRY			
\$	12 17. FATHER'S NAME (First, Middle, Last)	Elect	trician					
8		G.,		AME (First, Middle, Maiden St				
BE	Clarence T. Vermillion,			ne Angelme				
ဍ	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural					
- 1	Mrs. Perle K. Vermillio	n 614 Va	alley Lane Tows	on, Marylan	ıd 21286	<u> </u>		
	20a. METHOD OF DISPOSITION  1 □ Burial 2X PCremation 3 □ Ramoval from State 4 □ Donation 5 □ Other (Specify)		of Disposition (Name of their place) Ervice Corp. 8/2	DATE 20c. LOCA	son Mary	· Person		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	h	22. NAME AND ADDRESS OF FA		7 10			
	MICHON A KILO	R	Ruck Towson Fu			ou york Ra		
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	cause on each ilna.	NFARCTION WITH	th as cardiac or reapire	tory arrest,	Approximate interval Between Onset and Death 17 DYS		
1		TO (OR AS A CONSEQUENCE OF	<b>ન</b> :					
z		EFRACTORY CON	NGESTIVE HEART FA	VLURE				
	if any, leading to immediate	TO (OR AS A CONSEQUENCE OF	ŋ:					
<u>5</u>	CAUSE (Disease or injury							
CERTIFICATION	that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENCE OF	F):					
2	PART II. Other significant conditions contributing	to death but not moulting i	in the underlying cause given in	Bart I Day MC AN A	UTOBOY DAY H			
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  246. WERE ALL MAS AN AUTOPSY PERFORMED?  1 YES NO  1 YES NO  1 YES NO							
1	DID TOBACCO USE CONTRIBU	TE TO CAUSE OF	DEATH YES TO NO	П				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one)						
ا څ		OF INJURY 28b, TIME	4 Nursing Home 5 Rasidenca  E OF 28c. INJURY AT		HIEV COCHEC			
	Natural 5 Pending (Mont		WORK?  M t YES 2 NO	28d. DEŞCRIBE HOW INJ	ORY OCCURED			
LED BY	3 Suicide a Could and be 28a. PLAC	E OF INJURY — At home, farm, wing, atc. (Specify)	At home, farm, street, factory, office 28t, LOCATION (Street a			t and Number or Rural Route Number, e)		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bear		ed at the time, data and place, and du			nd manner as stated.		
BECC	29b. SIGNATURE AND TITLE OF CERTIFIER	Δ.	29c. LICENSE NU		29d. DATE SIGNED (M			
0	natividad D. de	Leon, m. I	D 19508		▶ 8/1/	94		
	30. NAME AND ADDRESS OF PER IN WHO COMPLETED ON NATIVIDAD D. DELEON, M.	D., 7620 ORK R	D., TOWSON, MD.	21204				
	31. DATE FILE (102) 1994 Sales 22 REGIS	TRAR'S SIGNATURE						

1 AT NUMBER OF STANDING STORE 

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

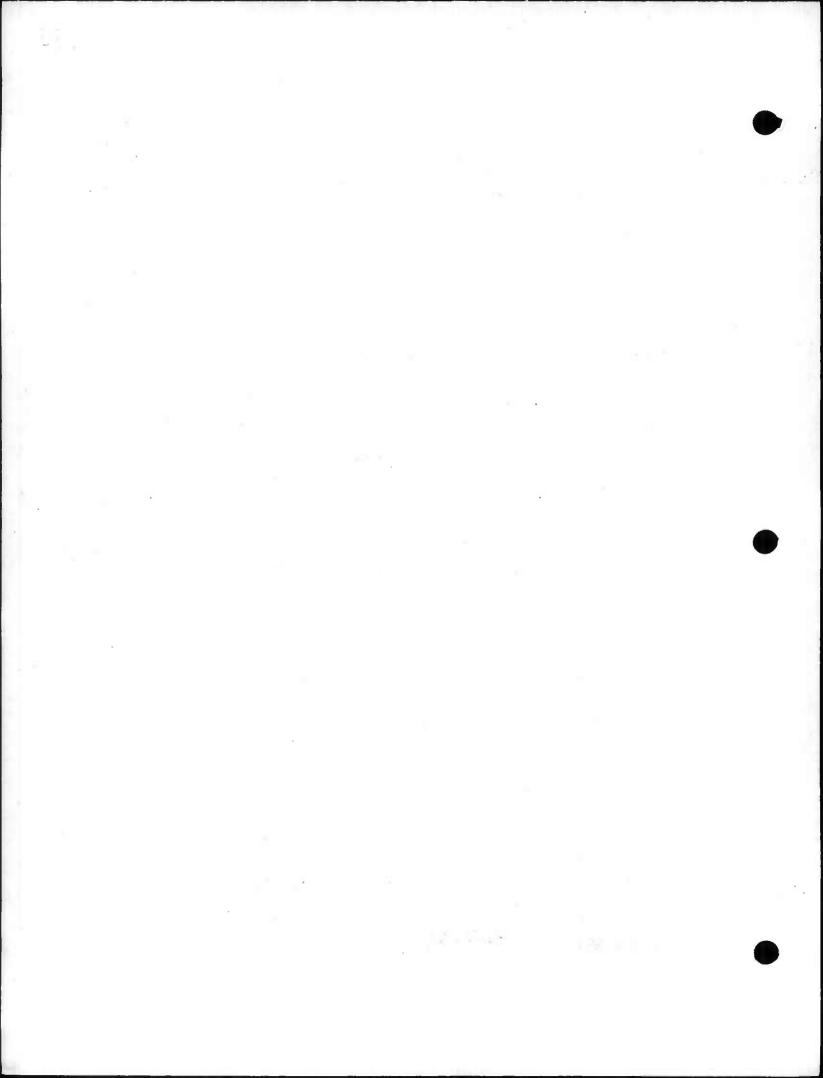
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR	STATE OF MAD	VI AND /	DEDAD	TMEN	TOFU	EAITU A	MD M	IENTAL HYGIEN			
	1 - STATE REGISTRAR	SIAIL OF MAIN					DEATI		REG. NO.			
- 5	1. DECEDENT'S NAME (First, Middle, Last)					-			2. DATE OF DEATH MONTH DA			3. TIME OF DEATH
- 8	Leonard Merg	io VERGAR	I						August 1.		994	6:59A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last	birthday)		R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	162-05-8523	1 🙀 M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	5/29/09"			nsylvania
	9a. FACILITY NAME (If not institution, give s	9a. FACILITY NAME (If not institution, give street and number)				Y, TOWN C	R LOCATION	OF DEA	тн	9c. COU	NTY OF DE	
9	Franklin Square Hospital					Esse	x			BA	Altim	nore
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			too CIT	v man	OR LOCAT	104					AL Water and
		altimore		100.011		ndal						10d. INSIDE CITY LIMITS?
	Maryland Bo	arcinore			Du		ZIP CODE			I son CITI	ZEN OF W	1 YES 2X NO
FUNERAL	8116 Bullneck Ro	Sec				1 ""		1222		log. Citi	ZEN OF W	USA
=	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARI	MED	13	WAS DEC			C ORIGIN? (Specify Yes	or No	14 DACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 DM	0		If yea, sp	ecify Cuban,	Maxican, Specify:	, Puarto Rican, etc.)	01 110-	Black	, White, etc.
B	3 X Widowed 4 Divorced	11 120, 0172 13(10)	T DATES			,	2 NO	Specify.			Specif	White
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DEC	CEDENT'S	USUAL C	OCCUPATIO	ON et of working		16b. KIND OF BUS	SINESS/IND	USTRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT us	se retired.)	duning mo	st of working					
M	12 years		Fu	nera	l Di	rect	or		Funera	l Se	rvice	9
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	R'S NAM	AME (First, Middle, Maiden Surname)			
H	Dominick Vergari						<u></u>	Del]	la Unknown			
6	19a. INFORMANT'S NAME (Type/Print)		100						oute Number, City or Tow			
	Leonard J. Verga							d I	Baltimore,			
	20s. METHOD OF DISPOSITION  1 September 2 Cremetion 3 Rem		20b. PLACE A cemetery, cren	natory or o	ther place	1				CATION		
	4 Donation 5 Other (Specify)	CENSEE	Garde	n of	Fai	th_C	em.	8/4	1/94   F	arkv	ille	Maryland
	. 1/	71 1			***	John	son F	uner	al Home			
	11/1	1				8521	Loch	Rav	ven Blvd.	Tow	son,	MD 21286
	23. PART I. Enter the diseases, or o shock, or heert fallure.	complications that cau Liet only one cause of	sed the dea	sth. Do r	not ente	r the mo	de of dylne	g, such	ss cardisc or respi	ratory em	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Finsi							Onset and Death				
	disease or condition Bilateral Pneumonia  Due to (or as a consequence of):								L weeks			
					-	dont						
ERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):											
AT	If any, leading to immediate cause. Enter UNDERLYING			02.102 0.	,-							j
표	CAUSE (Diseese or injury that initiated events	C. DUE TO (OR A	S A CONSEQ	UENCE O	F):							-
臣	resulting in deeth) LAST	d.										
5	PART II Other elgolficent condition	a contribution to do a	h h.u			- 4 4 4						
MEDICAL			eth but not resulting in the underlying couse given in Part i. 2 ion, Left Hemiparesis,				Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
	Pernicious anem		on, Le	IL I	iemii	pares	SIS,		1 YES 2	X NO		OF DEATH?
	DID TOBACCO USE		CALIS	E OF	DEA	TU V	EC [7]	NO				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE IC	J CAUS	DE OF	DEA		ACE OF DEA	NO	th anti-anal			
SICIAN:	EXAMINER?  1 YES 2 X NO	HOSPITAL:	Subsettent 2		OTHE	R:						
	27. MANNER OF DEATH	28a. DATE OF INJU		26b. TIM	E OF	28c. INJ		_	Other (Specify)  28d, DESCRIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Yes	nr)	INJ	URY	wo	RK?					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJ	URY — At hor	na, farm, s	street, fac	tory, office	•		281. LOCATION (Street a	nd Number	or Rural R	loute Number,
ш	4 Homicide detarmined	building, atc. (	эреспу)						City or Town, State)			
LET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my ki	nowledge, des	ith occurre	ed at the	time. det-	and place a	nd due "	O the causals) and man	mer se etc.	led.	-
COMPL		R: On the basis of examin										) and manner as stated.
I - II	29b. SIGNATURE AND TITLE OF CERTIFIES						29c. LICEN					
8	Diare P.	1112011	20							290. DAT	SIGNED	(Month, Day, Year)
	o Neare Lesume 20 resident 8/1/94								17			

Deane Lesconie DO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED ONUSE OF DEATH (ITEM 27) (Type, Print) iane Ceruzzi, DO
31. DATE FILEO (Month, Day, Year)
AUG 0 2 1994 9000 Franklin Square Drive Baltimore, MD



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be attended for use as the bunal-transit permit. Pages 1, 2, 3 should be attended at the cast with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEDRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH							
	NELSON WOOD JULY 28 1994 3:15 A	м						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign	$\exists$						
	216-52-3074 V M 2 D F 46 YRS. MONTHS DAYS HOURS MIN. (Morth, Dep. Year) May 22,1994 Maryland							
	9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH							
O.	JOHNS HOPKINS HOSPITAL BALTIMORE CITY							
DIRECTOR	RESIDENCE OF DECEDENT	$\exists$						
뜻	Juli 187							
	aryland   Baltimore   1 ☐ Wes 2 ☐ NO  100. STREET AND NUMBER   101. ZIP CODE   109. CITIZEN OF WHAT COUNTRY?	-						
FUNERAL	1627 N. Bentalou St. 21216 USA							
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No. ) 14. BACE - American Indian	-						
F	Whever Married 2   Married   FORCES? 1 YES 2   NO   If yes, specify Cuban, Maxican, Puerto Rican, atc.)   Black, Whita, atc.	- 1						
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Black							
COMPLETED	15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working							
쁘	Elementary/Secondary (0-12) College (1-4 or 5+) ##a. Do NOT use retired.)							
M	Teller Service Center Social Security Adm.	4						
ဗ	17. FATHER'S NAME (First, Middle, Last)  Kermit Wood  Bernice Wilson							
BE		4						
10	1996. INFORMANT'S NAME (Type/Print)  1996. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Kermit Wood  1627 N. Bentalou St Baltimore. MD. 21216							
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State	$\dashv$						
	Burlat 2   Cremation 3   Removal from Stata   Commencer   Commen	Į						
- 1		$\dashv$						
	22. NAME AND ADDRESS OF FACILITY Nutter Funeral Home 2501 Gwynn Falls PKY							
	Baltimore, Maryland 21215	_						
	23. PART i. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, abock, or heert feiture. List only one ceuse on each line.  Approximata Interval Between							
	IMMEDIATE CAUSE (Fine) disease or condition	h						
	resulting in death)  a. Deludomonal Sepsis  Due to (or as a consequence of):	_						
_								
<u>ē</u>	Sequentially list conditions, Due to (or as a consequence of):  Due to (or as a consequence of):	$\dashv$						
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury Cause (Disease (Disease or Injury Cause (Disease (Dise	ı						
E	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST							
AL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS	$\dashv$						
<u>র</u>	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE							
요	1   YES 2   NO OF DEATH?	- 1						
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO							
PHYSICIAN: MEDIC	28. PLACE OF DEATH (Check only one)	$\dashv$						
Sic	EXAMINER?  1  YES 2  NO							
H	17. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, 'bar) 28b. TIME OF INJURY AT WORK?	┨						
ВУ	Netural 5 Pending 2 Accident Investigation  M 1 YES 2 NO	- 1						
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, Chart Specific).	٦						
	4 Homicide determined							
<u> </u>	124. CERTIFIER (Check only 124.) (Check only 124	٦						
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.	- 1						
弘	196. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	4						
0 8	Sulamoff mi) 1 5/24 >7/28/94	J						
<b>*</b> ]	10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7						
	Songe Danoff Johns Hopkins Hospital							
	11. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	٦						
	AUG 02 1994 John Studies Reve 11	ľ						

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a there death. Page 5 may be retained by the hospital or attending physician.	AL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	14 fee 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH					
		ILLIAMS	07 28	94 1: 45 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. last birthday)   IF UNDER 1 YEAR   IF UNDER	MIN. (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give street and number)	37 YRS. MONTHE DAYS HOURS	104 19 57	MARYLAND					
Œ	SETON HILL MANC	PALTIMO		INTY OF DEATH					
ECTOR	RESIDENCE OF DECEDENT	DALING	ORE, MD BA	ru. 417					
DIRE	100. STATE  100. COUNTY  RACT. CITY	10c. CITY, TOWN OR LOCATION	_	10d. INSIDE CITY					
	100. STREET AND NUMBER	BACTIMOR	E	1 XES 2 NO					
A A	501 W. FRANKLIN S	10f. ZIP COD		TIZEN OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EV		OF HISPANIC ORIGIN? (Specify Yea or No-	U>#					
	Never Merried 2 Married FORCES? 1 1	ES 2 NM If yes, specify Cubs	n, Maxican, Puerto Rican, atc.)	14. RACE — American Indian, Black, Whita, atc.					
ВУ	3 Wildowed 4 Divorced	1 123 245 40	specny:	BLACK					
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workling)	16b. KIND OF BUSINESS/INI	DUSTRY					
, E	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use retired.)  LABORER	CONSTRUCT	ION					
COMPLET	17. FATHER'S NAME (First, Middle, Last)								
	GLOVER WILLIAMS		HER'S NAME (First, Middle, Maiden Surname) SADIE MORGAN						
) BE	19a. INFORMANT'S NAME (Type/Print)		or Rural Route Number, City or Town, State, Zi	D Code)					
2	GROVER WILLIAMS		TREET apt.202, BA						
	20a. METHOD OF DISPOSITION  471 Burial 2 Cremation 3 Removal from Stata	20b. PLACE AND DATE OF DISPOSITION (Name of	OATE 20c. LOCATION	City or Town, Stata					
	4 Donation 5 Other (Specify)	VOSHELL MEMORIAL GA		K, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRES		COULT A MENTIE					
	- CUNUSIR COR		MARCH FH1101 E.N						
	23. PART I. Enter the diseases, or complications that cau shock, or heart failure. List only one cause of	ised the desth. Do not enter the mode of dyl	ng, auch as cardiac or respiratory an						
	IMMEDIATE CAUSE (Final disease or condition	$\cap$	000	Interval Between Onset and Death					
	resulting in death)	gariel more	rodelin ) gad	ma beet					
_	OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE OF):	J .	gene					
2	CAUSE (Disease or Injury			V					
E	that initiated events resulting in death) LAST	IS A CONSEQUENCE OF):							
G	d								
AL.	PART II. Other significant conditions contributing to deat	h but not resulting in the underlying cause g	iven in Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS					
MEDIC			1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?					
M				1 7 YES 2 - NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			NO					
i i	EXAMINER? HOSPITAL:	OTHER:	EATH (Check only one)						
H	1   YES 24   NO   1   Inpatient 2   ER/0  27. MANNER OF DEATH   28a. DATE OF INJU								
	1 Netural 5 Pending (Month, Day, Ye.		28d. DE\$CRIBE HOW INJURY OC	CURED					
р ву	3 Suicide S Could at he 28e. PLACE OF INJ	JRY At home, farm, street, factory, office	281. LOCATION (Street and Number	or Rural Route Number,					
ETED	4 Homicide determined building, etc. (	эрвану	City or Town, State)						
7 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my ki	nowladge, death occurred at the time, date and place,	end due to the cause(a) and manner as stat	ted.					
1	one) 2 MEDICAL EXAMINER: On the basis of examin.	ition end/or investigation, in my opinion, death occurr	ed at the time, data and place, and due to th	ne cause(a) and manner as stated.					
H	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICE	NSE NUMBER 29d. DAT	E SIGNED (Month, Day, Year)					
10	19 Hopelan 1 MO	D:	27034	8194					
1	30 NAME AND ADD SS OF PERSON WHO COMPLETED CAUSE OF	OURC OLD VAIC	2 0 0 0 1	1/// 2// 2					
	31. DATE FILED (Month, Dal Year) 32. REGISTRAR'S S	GNATURE	20 Kandalbore	WM 2113)					
	AUG 0 2 1994 Stin Servicen	•							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

this c DIRECTOR; After the hours after death v OR HOSPITAL

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physician.	bunial-tran	
attending.	use as the	
e hospital or	ild be detached for use as the burial	
burs after death. Page 6 may be retained by the hospital or attending phys	uneral director, page 5 should be d	
may be	r. page	
Page 6	il directo	
death.	450	
irs after	filled in by the	remona
JO.	filled	ion or
uted with!	ertificate has been signed by the attending physician and completely filled in by the fur	irial pramat
e exec	an and	the har
ficate b	physicia	ine print
The law requires that the death certificate be executed	by the attending physicia	annual Munic
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quires	п Sign	Acall h
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Pages 1, 2, 3 should

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN LeBARON S. WILLARD, JR. 07-26-94 3:20 P. A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 002-05-6011 DAYS HOURS XXM 2 | F 84 YRS 12-07-09 **NEW YORK** 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL DIRECTOR HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 TES 2 NO 10. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ROLAND MEWS 21210 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1F YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married XXMerried If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 THO Specify: 1 TES 2 NO ΒY 3 Widowed 4 Divorced WORLD WAR II WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) FINANCE BANKER 4 YEARS 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Lebaron S. WILLARD, SR F ANABELL G. VAN NOSTRAND BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 0 LeBARON S.WILLARD III 8505 N.W.WINTER AVE, K.C., MISSOURI, 64153 pe 20s METHOD OF DISPOSITION
XX Burlel 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must 4 Donation 5 Other (Specify) GREENWOOD UNION CEM. 8-1 RYE, NEW YORK examiner 21. SIGNATURE OF FUNERAL SERVICE MICENSEE HENRY W. JENKINS & SONS ell 4905 YORK ROAD, BALTIMORE, MD. 21212 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, ahock, or heert failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition resulting in death) **ASPTRATON** ONE HR. event, DUE TO (OR AS A CONSEQUENCE OF): **PNEUMONIA** traumatic ON Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICATI cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in desth) LAST 10 Injury, PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO any COMPLETION DF CAUSE 1 YES XXNO shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) tem HOSPITAL: OTHER: 1 YES 2XXO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, INJURY XX Natural м 1 YES 2 NO BY 2 Accident investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be PLETED 4 Nomicide Item 29a. CERTIFIER XXX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(s) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WASI F. ALAM M.D., UNION MEMORIAL HOSPITAL, BALTIMORE, MARYLAND

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

AUG 02 1994 C. 12. POTSTBURBEN SANGELL

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29b. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

▶ 07-26-94

0.0

YEAR

994

14. RACE

3. TIME OF DEATH

10d. INSIDE CITY

WHAT COUNTRY?

1 YES 2 NO

- American Indian, White, etc.

ach

21207

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Approximate interval Between

Onset and Death

3 mins

3 years

weeks

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 NO

7/31/94

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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. DENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Juli 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 4-22-2206 DAYS HOURS 1 M 2 X F 13ours after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY-TOWN OR LOCATION Sa 2) FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF POUNT 21207 0 a 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Div 16a, DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 20 Unknown 17, FATHER'S NAME (First, Middle 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at BE inghan Number, City or Town, State, Zip Code) FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S) 2 Balto pe 20s. METHOD OF DISPOSITION
1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PACE AND DATE OF DISPOSITIONYN 8/3/94 20c. LOCATION must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY F-64 abrush removal. 3 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. illed in by 0 IMMEDIATE CAUSE (Final cremation, traumatic event, the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed wi prior to burial, CERTIFICATION arcen ma and Sequentielly list conditions, if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events nutartatic other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY MEDICAL signed by t Health and PERFORMED? any 1 YES 2 NO Shows certificate has been in the State Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) ltem. HOSPITAL: OTHER: 1 TYES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☑ Other (Specify) 1 28d. OESCRIBE HOW INJURY OCCURED 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? marked, this ( 1 Netural 5 Pending Investigation BY 1 YES 2 NO After t 2 Accident
3 Suicide 28e, PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Trum, State) 6 Could not be 4 Homleide UPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. HOSPITAL FUNERAL WITHIN Z (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, TO THE HOSPITA
TO THE FUNERA
De filed within 00 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Sun Benens. no 858 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DrG William Bane duct 14 w. mount Vernon Phen 31. DATE FILED (Month, Day, Year) 32. PEGISTRAR'S SIGNATURE

AUG 0 2 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

21201

MD

Transfer to all agents

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign BALTO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Approximata Interval Between **Onset and Death** 

4:55 A.

2. DATE OF DEATH MONTH

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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX

	212-41-6727	130 M 2 🗆 F N	/A	YRS. MON	THS DAYS	HOURS MIN.		Day, Year) 12/19	93	Country)	ro., MD
	9a. FACILITY NAME (If not institution, give a			9b.		N OR LOCATION OF E			9c. COUNT		
CTOR	UNIVERSITY HOSPITAL BALTIMORE										
ш	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LO	CATION				10d	I. INSIDE CITY
DIR	MARYLAND			BA	LTIM	ORE				1	LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?
Ë	6820 TOWNBROOK	DRIVE A	PT.	В		21207				USA	A
FUN	11. MARITAL STATUS  1 X Never Married 2 Married	Never Married 2 Married FORCES? 1 YES 2			If yes,	SECENDENT OF HISPA specify Cuban, Maxic	en, Puerto R		or No- 14	Black, Wh	American Indian, nita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		1 🗆 Y	ES 2 NO Spec	elfy:			Specify:	Black
9	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DE	CEDENT'S USU	AL OCCUPA	ATION most of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use reti	red.)				,		
OMPL	n/a 17. FATHER'S NAME (First, Middle, Last)			n,	/a				n/a		
O	Lance Willia	mc				18. MOTHER'S N			Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	ims	198	b. MAILING ADD	RESS (Stree	et and Number or Rura	a Ty		State Zin C	orie) 5	21207
임	Lisa Tyler					brook D					
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ram		PLACE	AND DATE OF DIS	SPOSITION	(Name of	DATE		ATION — CIT		
	4 Donation 5 Dother (Specify)	K	ING	MEMOI	RIAL	PARK	8/5	RA	NDALI	STO	VN, MD
	21. SIONATURE OF FUNERAL SERVICE LI	CHISTE	4			AND ADDRESS OF F		2 501	AT ETTA	TEDAT	HOME
	LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHT AVENUE 21207										
	23. PART Lenier the diseases, or shock, or heart failure.	ch as cerd	lec or respir	atory arres	t,	Approximata					
	IMMEDIATE CAUSE (Final			,						İ	Interval Between Onset and Das
	disease or condition resulting in death)	· Acute	_ (	Sash	ocut	estual	. he	more	hoge	2	
	Aut - Comment	DUE TO (OR AS A	CONSE	DUENCE OF):		4			0		
O	Sequentially list conditions,	b. HISSE	CONSEC	ATED	CV	NV A	UD				
RTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  b. DISSEMINATED CMV AND  OUE TO (OR AS A CONSEQUENCE OF):  STAPH ANKEUS SEPSIS										
Ĕ	that initiated events DUE 10 (OH AS A CONSEQUENCE OF):										
w I	resulting in death) LAST	d. AIDS									
LC	PART II. Other significant condition	na contributing to death b	ut not r	esulting in th	e underly	ring ceuse given is	n Part I.	24s. WAS AN		24b. WEF	RE AUTOPSY FINDING
DICAL								PERFOR		CON	ILABLE PRIOR TO IPLETION OF CAUSE
MEC											DEATH?  YES 2 NO
	DID TOBACCO USE	CONTRIBUTE TO	CAL	JSE OF I	DEATH	YES T N	10 U				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OT	26. HER:	PLACE OF DEATH (C	check only one	)			
HYSI	1 TES NO	HOSPITAL:	etient 3		Nursing H	ome 5 - Residence	6 🗆 Other	(Specify)			
0 1	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)		28b. TIME OF INJURY		INJURY AT WORK?	28d. DEŞ	CRIBE HOW IN	IJURY OCCU	RED	
BY	2 Accident investigation	28s. PLACE OF INJURY	At ho	To from stood		YES 2 NO	201.100	TION (Over 1		2 -12 -	MINE CO.
Ē	3 Suleide 8 Could not be 4 Homicide detarmined	building, atc. (Spec	cify)	ine, tariri, mireet	, ractory, or	riica		ATION (Street a or Town, State)	na Number or	Hurai Houte	Number,
W.	290. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my know	ledge de	ath occurred at	the time d	ets and place, and de	in to the one				
5		ER: On the basis of exemination									I manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE N		10.			nth, Day, Year)
. 00	I / lan	for	M.C.	),		D39	9091		18-	1-9	4
유	30. NAME AND ADDRESS OF PERSON WI			M 27) (Type, Print		0150 F	1	1.			-
1 1	PULLE.	000 Class	-2	7 (1	-	- 1 Cm	1	16 1	-	111	7 7/0/0

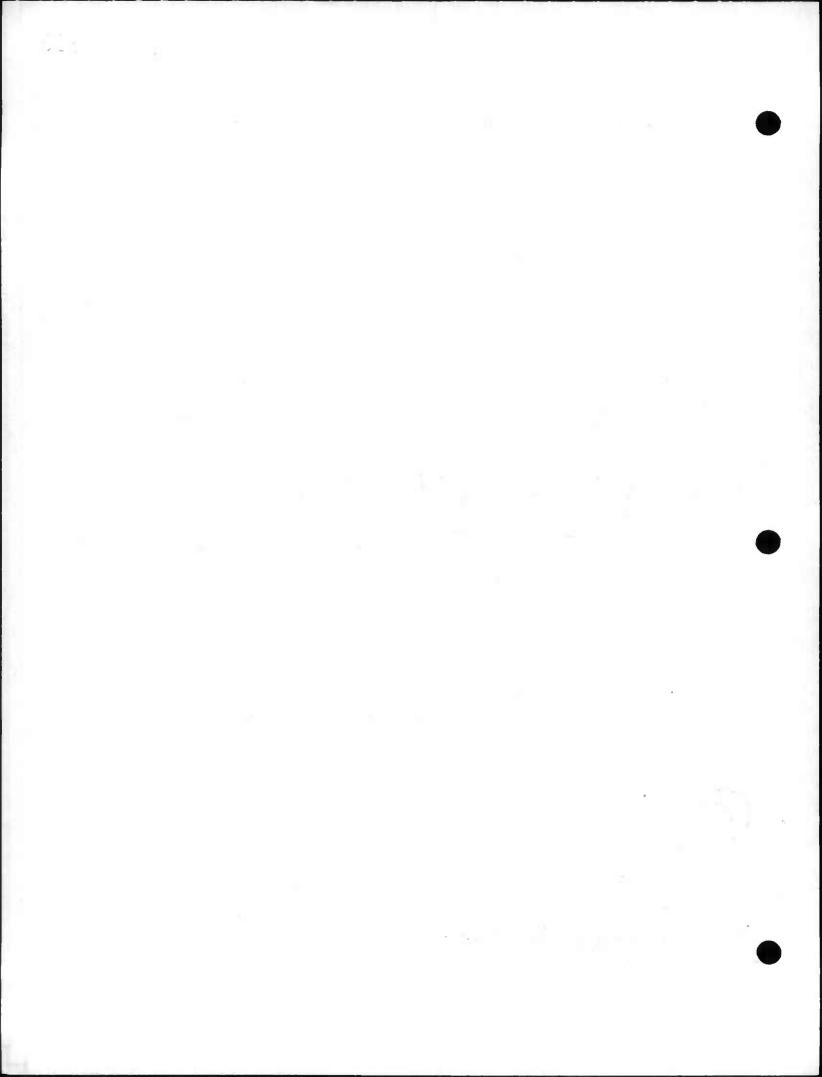
Sale Deuter Randell

31. DATE FILED (Month, Day, Year) AUG 0 2 1994 WILLIAMS

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

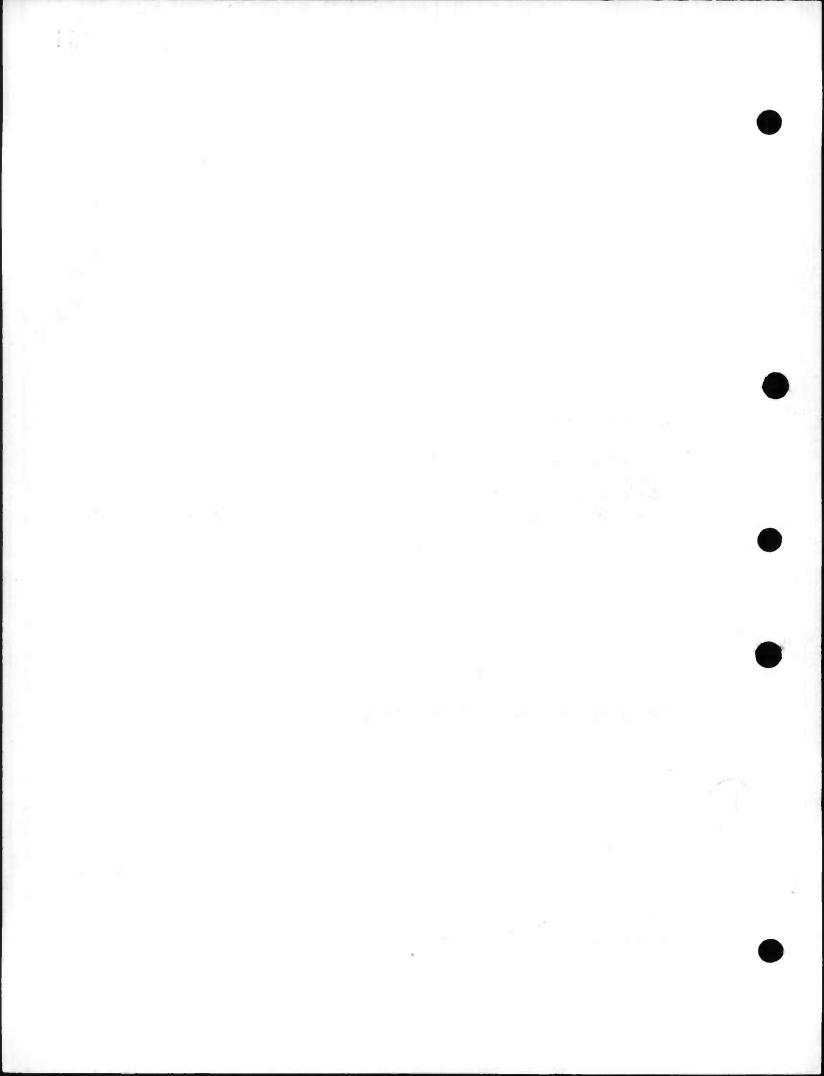
DHMH-16 Rev 1/89



BALTIMORE, MAR AND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	lical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORD P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the conditionate be executed within thousander death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DATECTOR: Any this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 fours. ***Best_eat with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If tem Edital marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLIZED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
A CONTRACTOR	Mylles 1. Wagn	IS J. WAGN	ER	2. DATE OF DEATH MONTH DAY 24 44 43 43 66					
	4. SOCIAL SECURITY NUMBER  276-50-5438  Se. FACILITY NAME (If not institution, give street and number)	43 YRS. MO	UNDER 1 YEAR F UNDER 24 HRS. 1THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 31,1951	BIRTHPLACE (State or Foreign Country)     OHTO				
DIRECTOR	UNIVERSITY HOSPITAL	96	CITY, TOWN OR LOCATION OF DE		NTY OF DEATH				
2	10a. STATE 10b. COUNTY	10c. CITY, Ti	OWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	MARYLAND ANNE ARUNDEL		PASADENA		1 TES 2 NO				
FUNERAL	8428 LOCKWOOD ROAD		101. ZIP CODE 21122	UNIT	ED STATES				
à	11. MARITAL STATUS  1 Never Married 2 X Married  3 Wildowed 4 Divorced  12. WAS DECEDENT F FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxicai 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	164. DECEDENT'S USI		16b. KIND OF BUSINESS/INC	DUSTRY				
쁴	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT use re	done during most of working tired.)						
AP I	12	RF	CEPTIONIST	DENTAL OF	FICE				
ő	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)					
	PHILIP	BARBINA	HE	LEN JEAN	DYRDEK				
BE	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural F	0 237 12.1					
임	MR. GEORGE E. WAGNER	1		PASADENA, MARY					
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D			City or Town, State				
	1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Qther (Specify)	cemetery, crematory or other IETRO CREMAT	place)		VILLE, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ETHO CITEMI	22. NAME AND ADDRESS OF FAC MC CULLY FUNER	AL HOME OF PASA	ADENA				
	22 BART I Enter the difference or completions that are	and the state of the state	B204 MOUNTAIN		, MD. 21122				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fallure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final disease or condition	11.0.1.	\		Onset and Death				
- 1	resulting in death)	Hodell	is human	homa	nears				
	DUE TO (OR	AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, b.	10.1.00005005005.00							
AT.	til any, leading to immediate cause. Enter UNDERLYING								
임	CAUSE (Disease or Injury	AS A CONSEQUENCE OF):							
Ē	that initiated events resulting in death) LAST	no n consecutive or j.							
	d								
	PART II. Other significant conditions contributing to de-	ath but not reaulting in t	na underlying causa given in		24b. WERE AUTOPSY FINDINGS				
DICAL				PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
MED				_	OF DEATH?				
2 :	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF	DEATH YES IT NO		1 123 2 100				
Z	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che						
Sic	EXAMINER?  1 YES 2 NO  1 Inpatient 2 EF		THER: Nursing Home 5 - Residence	1 5 5 7 19					
PHYSICIAN:	27. MANNER OF DEATH 26s. DATE OF INJ	URY 28b. TIME O		28d. DESCRIBE HOW INJURY OC	CURED				
	1 Natural 5 Pending (Month, Day, 1	(NJUR							
à	2 Accident Investigation 3 Suicide S Could not be 28s. PLACE OF IN	JURY — At home, farm, stree		281. LOCATION (Street and Number	e or Primi Pouts Number				
	4 Homicide determined building, etc.	(Specify)	s, rectory, orrice	City or Town, State)	or note note various,				
- 1	29a. CERTIFIER								
COMPL	(Check only CERTIFYING PHYSICIAN: To the best of my								
Ö,	2 MEDICAL EXAMINER: On the beats of exam	ination and/or investigation, is	n my opinion, death occured at the	time, data and place, and due to the	ne cause(s) and manner as steted.				
TO BE (	Book SIGNATURE AND TITLE OF CERTIFIER	MO	29c. LICENSE NUN	BER 29d. DAT	TE SIGNED (Month, Day, Year)				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE C	Miles S LTA	of Mardend	Hoso. Balt	ande MO				
	AUG 0 2 1994 July alticolor	SIGNATURE			1 , 7				

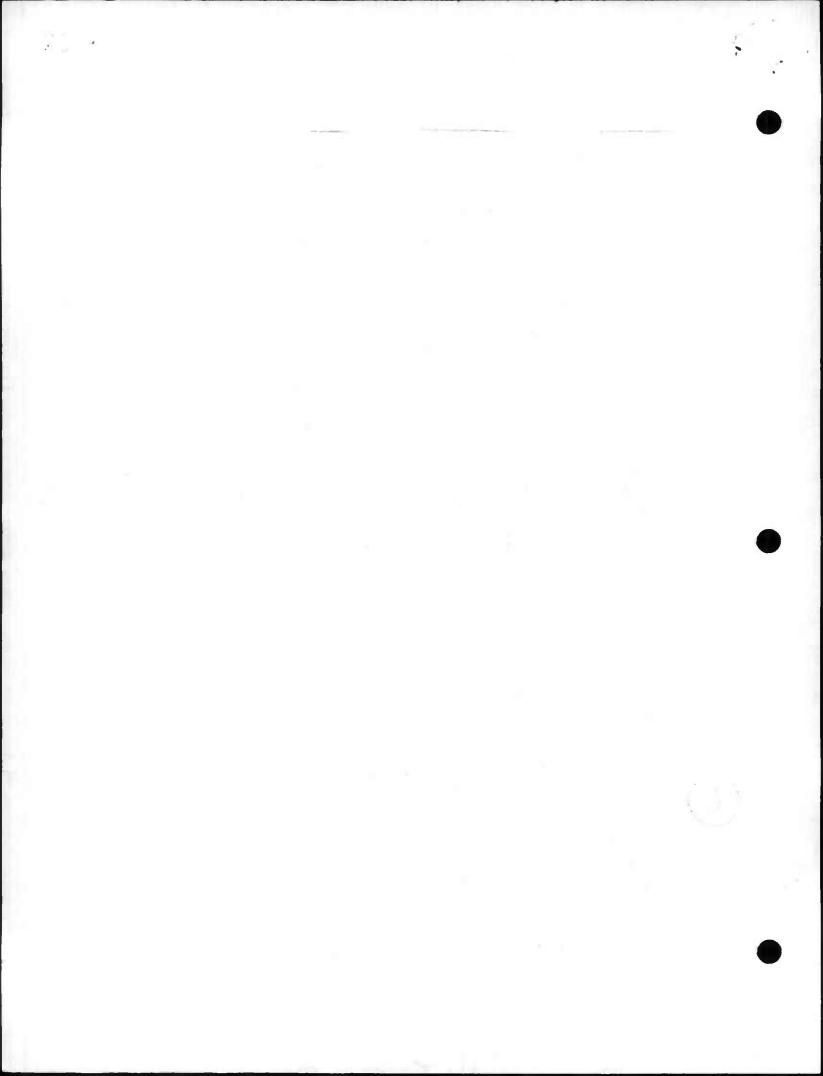


ITEM: 1. PER F.H. FILM G-714 8/2/94 t.t.

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	IN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	In by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after deach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r removal.
IMPORTANT: If them 22 is maked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	egical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1.	DECEDENT'S NAME (First, Middle, Last)	GEOFFREY ALEXANDER WIRE	2. DATE OF DEATH

		_	nedistrian			UL	nin	CALE	OF	DEA	ın		HEG. NO.			
			1. DECEDENT'S NAME (First, Middle, L	ast) GEOF	FREY ALE	XANDER	WIRE					2. DATE O	F DEATH	W	YEAR	3. TIME OF DEATH
	- 1		CEOFFERY		ALEXAN	IDER	-	4	WII	DP.			LV 31			2.43PM M
			4. SOCIAL SECURITY NUMBER	5. SEX		E (in yrs. lest		IF UNDER 1		IF UNDER		7. DATE O	F BIRTH Day, Year)		B. BIRTHE	LACE (State or Foreign
,	.	į	216-90-0156	1 🔀 M :	2 🗆 F	20	YRS.	MONTHS	DAYE	HOURS	MIN.		21, 19	974		yland
	pinous		9a. FACILITY NAME (If not institution, g	ive street and nu	mber)			9b. CITY, 1	TOWN C	OR LOCATE	ON OF DE				TY OF DE	
	ກ	8	CADDOLL COUNT	A HUG	דתשוד		[	(1)	חחר	) T T	00111	10032			3 M) 4 T	MEGMOO
,	1, 2,	DIRECTOR	CARROLL COUNT		PIIAL					OLL		71. V		WES	2.I.M.T	NISTER
	S	E 1	10a. STATE 10b. CO				10c. CITY	r, town or	LOCAT	TION						10d. INSIDE CITY LIMITS?
4	Ē			rroll (	County		Sy	kesvi	$11\epsilon$	2						1 YES 2 - NO
	Dermit.	₹	10e. STREET AND NUMBER						101	f. ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
e i	Dunal-transit	FUNERAL	602 Concord La	ne						2178	4			US	A	
Sicia			11. MARITAL STATUS  15-53 Never Married 2 Married		DECEDENT EVER			13. W	AS DEC	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes	or No-		- American Indian, White, etc.
5-0020 Inding physic		BY	3 Widowed 4 Divorced		S, GIVE WAR OR					2 🔀 NO					Specify	
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v atte	es es	ETE	15. DECEOENT'S (Specify only highest (			(G/s	ve kind of w Do NOT us	vork done du	ring mo	ost of working	ng	16b.	KIND OF BUS	SINESS/IND	USTRY	
Stal A	ē o	۱۳	Elementary/Secondary (0-12)	College	(1-4 or 5+)										_	
The hospital or attending physician.	oetached Once.	COMPL	11th Grade  17. FATHER'S NAME (First, Middle, Last			Tec	hnic	ian					Inthon		ols	
	- No	- 1								1000			iddle, Maiden	Surname)		
		H	David B. Wire  19a. INFORMANT'S NAME (Type/Print)	111	-				-			. Bal				
retained by	o snource notified	2	Leave and the second										or, City or Town			
	be		Mrs. Ruth C. Wi	re	1.						Sy		111e,		2178	
E E			NXBurial 2 ☐ Cremation 3 ☐	Removal from	State c	cometery, cren	netory or ot	ther plece)				OATE		CATION —		
ath. Page 6		-	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	ELICENSES	E	vergr	een l			Par		8-3	Fin	ksbur	g, M	D
- d	examiner	1	21. SIGNAL OF PONERAL SERVIC	/ I	0 3	1		22, N	AME AF				n Fun	eral	Dire	ctors, PA
after death.	e 2		John	< A	مىلار	1		12	12							, MD 21784
in i	S E 2		23. PART Enter the diseases,													Approximata
hours	3 6	l	shock, or heart fello													Onset and Death
	cremation,		disease or condition resulting in death)		Head DUE TO (OR AS	044	)	hes	+ 1	Thi	ur	100				
with	ial, cremati event, t	i	resulting in death)		DUE TO (OR A	S A CONSEO	UENCE OF	7:		7	,					
executed within	punal.	z		<b>T</b> h						•						
<b>Y</b>	rior to buris	CATIO	Sequentially list conditions, if any, leading to immediate		OUE TO (OR AS	S A CONSEO	UENCE OF	ENCE OF):								
ate p	50.	S	cause. Enter UNDERLYING CAUSE (Disease or Injury	G												
in the second		RTIF	that initiated events		DUE TO (OR AS	S A CONSEO	UENCE OF	7):								
. E	五五	-ш-п	reaulting In deeth) LAST	d												
2 0	Mer Mer	O	PART II. Other algnificent cond	itions contrib	uting to deeth	but not re	esuitina l	n the und	lerivin	d ceuse i	alven in	Part i.	24s. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
<b>"</b> = 1	3 8 7	EDICAL							,	9	g		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ines at	Health a											- 1	TES 2	□ но		OF DEATH?
	_ 0	Σ														1 E VES 2 - NO
	23 Pept	AN:	DID TOBACCO US 25. WAS CASE REFERRED TO MEDICA		RIBUTE TO	CAUS	SE OF	DEATI			NC					
AN: The law		SICI	EXAMINER?  1.X.XES 2 NO		TALXXXX/O			OTHER:	:			eck only one				
CIAN	the	>- II	27. MANNER OF CEATH		DATE OF INJUR		DOA 28b. TIM				sidence	6 Other				
PHYSICIAN:	with the	PH	1 Natural 5 Pending		(Month, Day, Year	r)		URY	WO	JURY AT ORK? YES 2 1	100	Fell cu	TO Ca	otcky	p tru	ck
NG S	A E	No.	2 Accident Investigat	-	PLACE OF INJU						NO		- 1			
		<b>B</b>	3 Suicide 6 Could no 4 Homicide determine	t D0	building, etc. (S	pecify)	1	-1-	гу, опис	;8		City o	TION (Street a Town, State)	Pine	knob	Road
OR AT	now after		29a. CERTIFIER			•	tree					casi	10 11 /61	inty.	MD	
4 :	12 =	MPE	(Check only		na best of my kn											
THE HOSPITAL	be filed within 72 I	S.	2 MEDICAL EXA	MINER: On the I	besis of examina	ntion and/or in	nvestigatio	n, in my op	inion, d	death occu	red at the	time, data	and place, an	d due to th	e Cause(a)	and manner as stated.
光 5	SRTA WI	ш	29b. SIGNATURE AND TITLE OF CERT	TIFIER /	ni.	0		•		29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
6 6	M fig	TO B	Denni	-11	Unt.	e m				0,	C,M	, E		JA	JGUS	Т 1,1994
	_	F	30. NAME AND ADDRESS OF PERSO	WHO COMPLE	TEO CAUSE OF	OEATH (ITEN	4 27) (Type,	Print)		_						
						111	Peni	St	ree	et,	Bal	timo:	re, M	[ary]	Land	21201
_			31. DATE FILED (Morith, Day, Year)	37	REGISTRAR'S SI	IGNA GRE	112									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH NEW YORK 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MOR DIRECTOR 10a. STATE 10d, IHSIDE CITY LIMITS? 10b. COUHTY 10c. CITY, TOWN OR LOCATION BALTIMORE 1X YES 2 HO permit FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21209 10g. CITIZEN OF WHAT COUNTRY? USA 3031 FALLSTAFF RD., APT. 607 he burial-transit ng physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho—
If yea, specify Cuban, Mexican, Puerlo Rican, stc.) 12. WAS DECEDENT EVER IH U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES X NO Specify: BY WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SECRETARY EDUCATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'B NAME (First, Middle, Maiden Surname) JOSEPH RENA EICHEL LEWIS to BE notified 19a. IHFORMAHT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LEON WEINER FALLSTAFF RD., APT. 607 BALTO., MD 21209 å 20m METHOD OF DISPOSITION
1 → Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 ☐ Donation 8 ☐ Other (Specify) BALTIMORE HEBREW &/29/94 REISTERSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. lensue 6010 REISTERTOWN RD. BALTO., MD 21215 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata interval Between ahock, or haert failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition event, reaulting in death) traumatic CERTIFICATION Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 6 PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL PERFORMED? AMILABLE PRIOR TO any COMPLETION DF CAUSE 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 1 Hatural 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending 1 YES 2 NO BY Accident 28s. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) .69 8 Could not be datermined COMPLETED 4 Homicide 28 Hell 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT; If 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEHSE NUMBER 29d. DATE SIGHED (Month, Day, Year) BE 10

30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

Jahr Studier Revell

DHMH-16 Rev 1/89

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3. TIME OF DEATH

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REG. NO.

2. DATE OF DEATH

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DIVISION OF VITAL RECORDS, P.O. BOX 687

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FOR STATE REGISTRAR

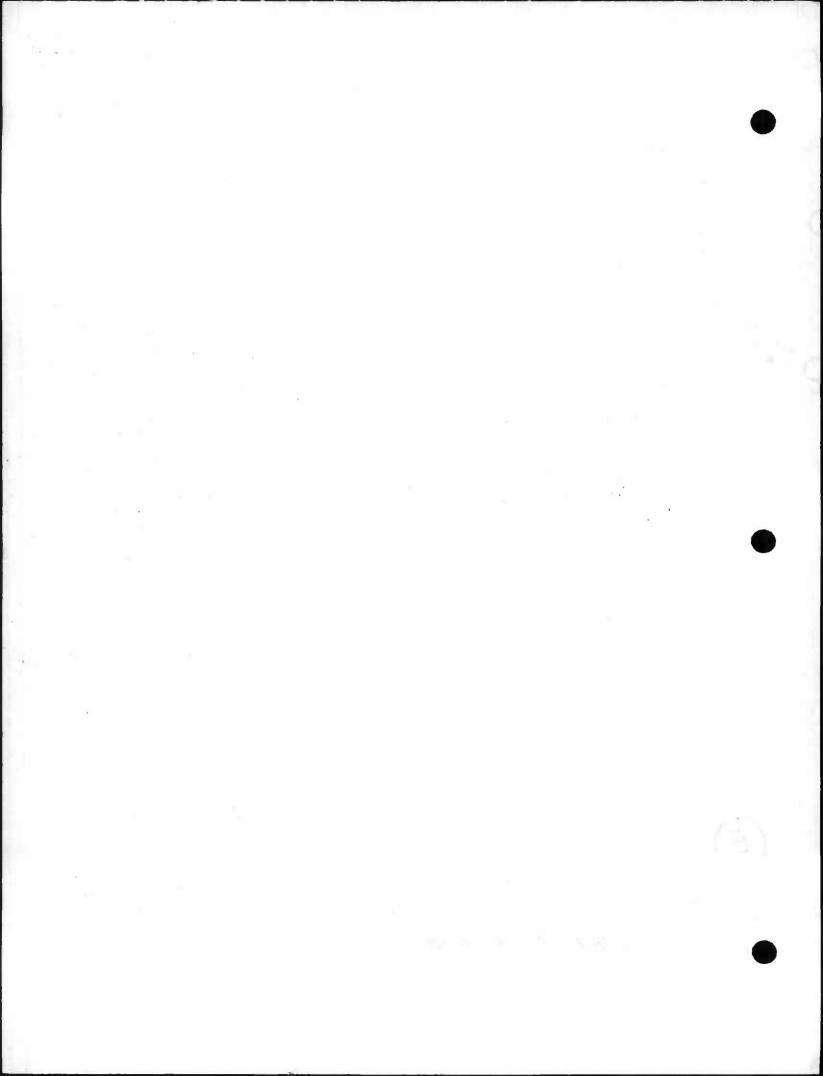
1. DECEDENT'S NAME (First Middle Last)

RICHARD E. WALTERS, SR.

07-27-1994 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 10-25-1924 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 058-24-5982 % M 2 □ F 69 New York 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital 01ney Montgomery Co 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY Maryland t 🗌 YES 2 💂 NO Airy Mt FUNERAL too. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17309 Pink Dogwood Ct. 21771 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15 TYPES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. t Never Married 2 Married 1 TES 2 NO Specify: BY Specify: XX Widowed 4 Divorced white COMPLETED 15. DECEOENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) Elementary/Secondary (0-12) 5+ Aeronautical Engineer Johns Hopkins APL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Francis Walters Evelyn Harris **BE** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard E. Walters, Jr. 17309 Pink Dogwood Ct., Mt. Airy, MD 21771 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation Other (Specify) Veterans Cometery Maryland 1 94 Carrison Forest, MD HVICE LICENSEE Slack Funeral Home, P.A. Ellicott City, Maryland, 21043 M00535 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feliure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSCOUENCE OF): Acrest resulting in death) Aspiration pneunonia. CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO JOR AS A CONSEQUENCE OF): heart CAUSE (Disease or injury that initiated events resulting in death) LAST Alzeheiners PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER t YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) Ath .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CTOR: A 6 Could not be COMPLETED 4 Homicide 28 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE the file MD PLD D 39 27 30. N ME AND ADDRESS OF PER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) AUG 0 2 1994 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OF WITCHOLNG PHYSICIAN: The law requires that the death certificate be executed with. Fours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		U	EW I IL.	CAIL	OF DEA	I M		REG. NO	)			
1. DECEDENT'S NAME (First, Middle, Last)					OT BEA			OF DEATN	J.		3. TIME OF DEATN	
	AMES	WALT	NOT				MONTH O 7	- /	27	PAR P	11:35	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		MONTHS C	YEAR IF UNDE	R 24 HRS.	(Month	OF BIRTH		8. BIRTH Countr	PLACE (State or Forei	
184-12-9965	1 🗆 M 2 💢 F	69	YRS.				12/	12/2			ginia	
St. Agnes Hosp RESIDENCE OF DECEDENT					timor		EATH		9c. COUN	TY OF D	EATN	
10a. STATE 10b. COUNTY	j	10c. CITY,	, TOWN OR	LOCATION		10d. INSIDE C LIMITS?						
	imore				Ba	1tin	nore	nore Limits?				
719 Maiden Cho	ice Lan	e BR	212		10f. ZIP COC	2122	28			USA	YHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	RMED NO	13. WA	AS DECENDENT (yes, specify Cub.	OF NISPAR en, Mexice Specifi	NIC ORIGIN on, Puerto I ly:	? (Specify Y Rican, etc.)	en or No—	14. RACE Black Speci	- American Indian, t, White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S U	USUAL OCC	UPATION		16b.	KIND OF B	USINESS/INDL	JSTRY	WIIICC	
Elementary/Secondary (0-12) 10th	College (1-4 or 5+	)	nemak		ring most of world	ing	Н	ome				
17. FATHER'S NAME (First, Middle, Last)					18, MOT	NER'S NA	ME (First, A	fiddle, Meide	n Sumame)			
Edward Ja	mes Vel								Baker	_		
190. INFORMANT'S NAME (Type/Print) Sandra J. Walk					Street and Numbe							
			201 L	inde	en Ave	nue			, MD		.86	
20a, METHOD OF DISPOSITION 1   Buriel 2   Cremation 3   Remo 4   Donation 5   Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE  22. PART I. Enter the diseases, or co	ensee	Metro	emator or other	mato Cre 299	Fred	n So eric	07/ ocie ck R	28 Ba	altim f Mar altim	ore yla	mn, State  , MD  nd, Inc ,MD 212	
21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, or considered to the service of the serv	onald onald onpricetions thet list only one cour	Metro  Coused the de se Dn each line  Motan  (DR AS A CONSE	eath. Do no	22. NA Cre 299 Dt enter th	ory, I	n So eric	07/ ocie ck R	28 Ba	altim f Mar altim	ore yla	nd, Inc ,MD 212	
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23. PART i. Enter the diseases, or consider the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	DUE TO	Metro Metro	eath. Do no	emato  22. NA  Cre 299  Dt enter th	ory, I AME AND ADDRE emation ) Fred the mode of dy	ess of FA	07/ OCIE OCIE ok R hh as card	28 Baty O.d. Ballac or real	altim f Mar altim piratory arre	ore yla ore	MD Inc., MD 212 Approximate interval Betto Onest and E  WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL	
23. PART i. Enter the diseases, or consider the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	DUE TO	Metro Metro	eath. Do no	emato  22. NA  Cre 299  Dt enter th	ory, I me and addressed and ad	eric	O7/ OCIE Ck R h as card	28 Baty O.d. Ballac or real	altim f Mar altim piratory arre	ore yla ore	MD Inc., MD 212  Approximate interval Bett Oneet and E  WERE AUTOPSY FIND AMAILABLE PRIOR OF COMPLETION OF CAL OF DEATN?	
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23. PART I. Enter the diseases, or conditions abook, or heart fellure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death)  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending investigation  3 Suicide 8 Could not be determined	DUE TO ( DUE	Ceused the deseron each line  COR AS A CONSEI  COR AS A C	eath. Do no.  Beath.	or HER:    OTHER:	erlying cause  26. PLACE OF I  Typ Nome 5   R  Sc. INJURY AT  WORK?  1   YES   2    y, office	given in  DEATH (Ch	Part I.  Part I.  281. LOC.  City.  to the cauche of the c	28 Baty O.d. Ballac or real	ALTIM  TALLIM  POPULATION  NAUTOPSY PAMED?  2 NO  INJURY OCC.  Tend Number of	ore yla ore core yla ore Rural F	were autopsy find amail able prior to completion of cat of Death?	
23. PART i. Enter the diseases, or conditions abook, or heart fellure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART ii. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined	DUE TO ( DUE	Ceused the deseron each line  COR AS A CONSEI  COR AS A C	eath. Do no.  Beath.	or HER:    OTHER:	eriying cause  26. PLACE OF II WORK?  1 YES 2 [ y, office	given in  DEATH (Ch	Part I.  Part I.  281. LOC. City.  to the cause time, date	28 Baty O.d. Ballac or real	Altim f Mar altim f Mar altim piratory arre	OTE yla ore yla ore ore Aural F	were autopsy find and all completion of cau	

DHMH-16 Rev 1/89

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THE STENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.

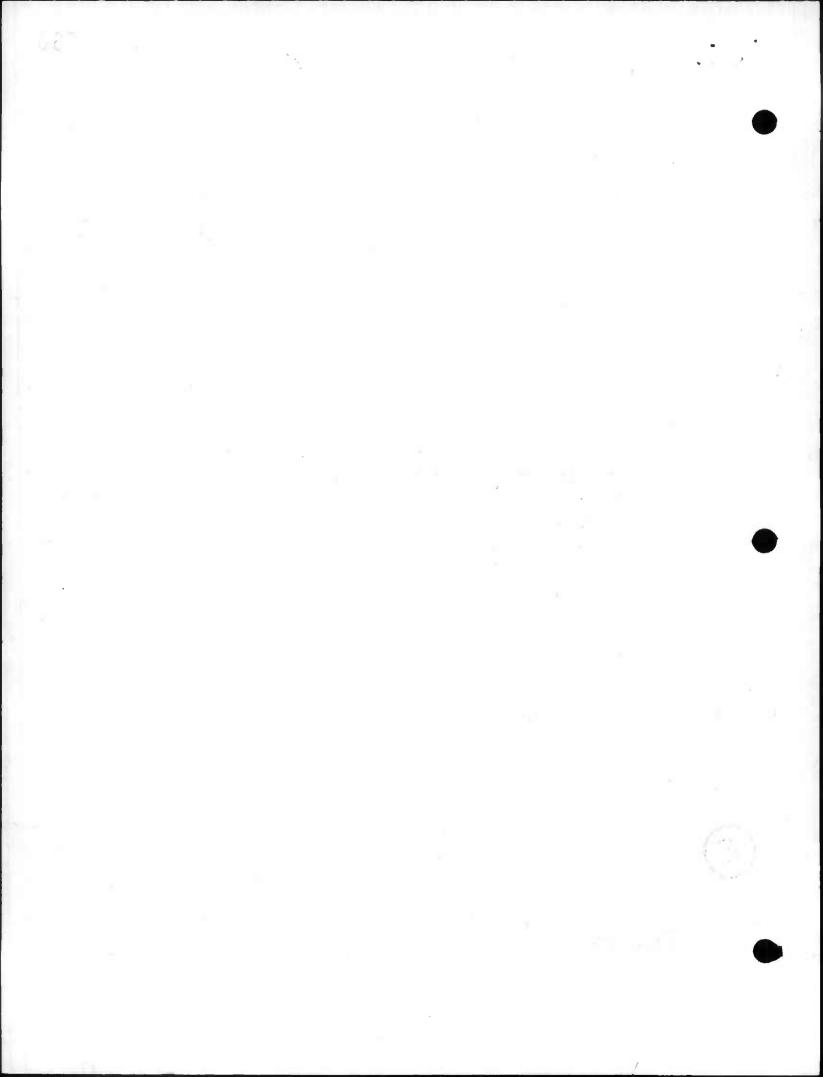
In the state that has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

•	ITEM: 29c, PER DR. FILM G-715 9/2	/Q/ + +				54	22300
•	FOR CTATE OF MA	RYLAND / DEPA	ADTMENT OF I	ICAITH AND M	CAITAL LIVELEAU	r	
	1 - STATE REGISTRAR		FICATE OF		REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	1001-	-01		2. DATE OF DEATH	Y O YEAR	3. TIME OF DEATH
ij		LALTE	- KZ		07 31	94	13:45 PM
- 0		AGE (In yrs. lest birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)
- 4	213-74-9326 1 1 M 2 XF	93 YRS.	•	07/04/0		ryland	
~	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DEAT		9c. COUNTY OF	DEATH
ē	St. Agnes Hospital		Ba:	Ltimore	City		-
EC.	10a. STATE 10b. COUNTY	10c. C	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
ā	Maryland Baltimor	re		Caton	sville		LIMITS?
3AL	10e. STREET AND NUMBER		10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	98 Smithwood Avenue	a.		2122		US.	A
	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1	YES 2 NO		ENDENT OF HISPANIC ecity Cuban, Maxican,		or No- 14. RAC Blac	E — American Indian, ck, Whita, etc.
BY	3 X Widowed 4 Divorced IF YES, GIVE WAR	OR DATES	1 🗆 YES	2 NO Specify:		Spec	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		T'S USUAL OCCUPATI		18b. KIND OF BUS	SINESS/INDUSTRY	WILLE
	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT	of work done during me Fuse retired.)	ist of working			
COMPLETED	8	H	omemakei		- 1	Home	
	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Melden		
BE	John Day  19a. INFORMANT'S NAME (Type/Print)	- Dayson and			Margaret		rs
2	William H. Walters	111111111111		nd Number or Rural Rou			MD 21220
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State		EOF DISPOSITION IN			CATION - City or T	MD 21228
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Baltimo	re Natio	onal Cem		Baltimo	
	21. SIGNATURE OF FUNCTIAL SERVICE LICENSIE	1/1/4	22, NAME A	ND ADDRESS OF FACIL	LITY		
- 5	George E. MacNabl			abb Fune Frederic			, MD 21228
	23. PART i. Enter the diseases, or compilcations that c	aused the death. Do	o not enter tha mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximate
	ahock, or heart fallure. List only one ceuse IMMEDIATE CAUSE (Finel	on each line.					Interval Between Onset and Death
	disease or condition as defre	55					7/29/94
		R AS A CONSEQUENCE	OF):		-		15/20/QV
ON	Sequentially flat conditions, b. DUS TO (O	R AS A CONSEQUENCE	· om				PITT
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	abetico.	. OF):				7/29/94
H	CAUSE (Disease or Injury that initiated events	R AS A CONSEQUENCE	OF):				1 / /
H	resulting in death) LAST	F					7/29/94
ᄗ	PART II. Other significant conditions contributing to de	ath but not resultin	n in the underlyin	a cause alven in Pa	art 1. 24s. WAS AN	AUTOBEY 1941	WERE ALTROPEY CHICAGO
MEDICAL			y ar the onderlyin	g cadeo given in re	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ED					1 YES 2	NO	OF DEATH?
2	DID TOBACCO USE CONTRIBUTE	TO CAUSE O	OF DEATH	YES IT NO			1 YES 2 NO
AA	25. WAS CASE REFERRED TO MEDICAL	TO CAUGE (		LACE OF DEATH (Check			
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 E	R/Outpatient 3 DDA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence 8	Other (Specify)		
PHYSICIAN:	27. MANNER OF CEATH 28a. DATE OF IN. (Month, Day.		TIME OF 28c. IN.	JURY AT 2	28d. DESCRIBE HOW I	NJURY OCCURED	
ВУ	125 Natural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	NJURY — At home, tern c. (Specify)	n, street, tectory, offic	2	Ref. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
	In Complete A						
Ē	(Check only 1 Committing Physician: to the best of my						
3	2 MEDICAL EXAMINER: On the besis of axan	miation and/or investige	erion, in my opinion, o				
빎	29b. SIGNATURE AND TIVE OF CERTIFIER	10		29c. LICENSE NUMB		29d. DATE/SIGNE	(Mogth, Day, Year)
0	I KOULD - W	L		Reside	ent l	17771	.) 7

SOO CATON 32. REGISTRARS SIGNATURE

DHMH-16 Rev 1/89



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH
		WILLARD J. WEAVER July 28, 1994 10:00 A.M
	1 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
		Mosth Day Mark
29		
should		9a. FACILITY NAME (If not inetitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH
62	1 % 1	1501 Shadyside Rd. Baltimore City
1, 2,	ECTOR	RESIDENCE OF DECEDENT
Pages	m	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
T.	DIR	Maryland Ralto City LIMITS?
permit.	AL	Maryland Ralto City 1 □ YES 2 □ NO  100. STREET AND NUMBER 100. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?
	<u>%</u>	
020 physician. burlal-transit	FUNER	1501 Shadyside Road 21218 U.S.A.
215-0020 attending physician. se as the burlal-trar	5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc.)  14. RACE — American Indian, Black, White, etc.
P P		IF YES, GIVE WAR OR DATES 1 YES 2 TAND Specific
21215-0020 Il or attending physic for use as the burlal	B	3 X Wildowed 4 Divorced WWII White
275 attend		15. DECEDENT'S EDUCATION 18. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
		(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)
10	ا لم ا	
the hos detach	COMPLET	
	8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)
d by de by de at		Frank T Weaver Abbie Gladden
retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
> 5 m 5		Miss Martha Young 4 Mission Wood Way- Reisterstown, Md.211
may be or, page		20a. METHOD OF DISPOSITION  1 Burial 2\( \) Cremetton 3 Remoyal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametery cremetory or other place)
MOR age 6 ma director, p	1 1	1 Burtisl 2X Cremetion 3 Removal from State    A Donetion
ath. Page 6 Inneral directo		4 Donation of Other (Specify) Hilltop Service Corp. 8/1/94 Towson Md. 212  21. SIGNATURE OF FUNERAL SERVICE USENSEE 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214
		22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214
BALI er death. I the funeral val.		Leonard J. Ruck, Inc. 5305 Harford Rd.
By the moval	$\vdash$	Money C. Jewayer Ac. Leonard C. Ruck, Inc. 5505 Har ford Rd.
d in by		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. Lat only one cause on each line.  Approximate interval Between
filled on or		Onset and Death
th dation	1 1	disease or condition resulting in death)  ### HYOCANDIAL INFANCTION  SAME
with with creat		DUE TO (OR AS A CONSEQUENCE OF):
box/ ecuted and com burial,	- 1	
OX 68/1	ERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):
or be	A I	if any, leading to immediate cause. Enter UNDERLYING
death certificate attending physiene pri	S	CAUSE (Disease or Injury Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.
3 g a g		that initiated events  DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
T the bar	1 1 1	d
the death y the atte od Mental	0	PART II Observed III
= 0 = =	EDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
and the dead of th		COMPLETION OF CAUSE
三の主义		OF DEATH?
v requires been sign tt. of Heaf	Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 7 NO 7
23 law	AN	
N: The ficate h State ( State (	SICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
SICIAN: The Certificate the State or Item	S	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ATTENDING PHYSICIAN: The ATTENDING PHYSICIAN: The ATTENDING PHYSICIAN: The ATTENDING PHYSICIAN: The State (28 is marked, or item	PHY	27. MANNER OF DEATH  288. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED WORK?
ING PHYS (fer this ceath with marked,	=	1 Netural 5 Pending M 1 YES 2 NO
WDING I Affer death	1	288 PLACE OF IN HIRV. At home form street feature office.
S S S S		4 Homicide determined building, etc. (Specify)  8 Could not be building, etc. (Specify)  6 City or Town, State)
- The Contract of the Contract	7	
5 5 5	ā	29s. CERTIFIER (Check only   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
A C II	, ,	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
HOS W	Ü	SON BIOMATINE AND TITLE OF CETTIFIED
THE HOSP THE FUYER filed with	BE	29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)
5 5 3 X	Q	11/20199
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
		Frances Carmody, M.D. 7507 Osler Dr. Suite 212
		31. DATE FILEDINAS III. DATE PROPERTY AND AND AND AND AND AND AND AND AND AND
		AUGUI 1994 July
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BALTIMORE, MARYLAND 21215-002	OR ATTINIONG PHYSICIAN; The law requires that the death certificate be executed within fours after death, Page 6 may be retained by the hospital or attending physicians.
, MARY	be retained by
LTIMORE	eath. Page 6 may
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68760,	executed within
P.O. BO)	h certificate be
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ires that the deat
TAL RE	N: The faw requi
ION OF	<b>IDING PHYSICIA</b>
SIMO	OR ATT

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

1.7	1. DECEDENT'S NAME (First, Middle, Last	nristine	v v	ace	r	01	DEAI		2. DATE OF DEATH MONTH 07	MY	YEAR	ime of DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthde)					/EAR	IF UNDER	24 HRS.	7. DATE OF BIRTH B. BIRTHPLACE (Sh			
	326-09-9996 1 M 2 TF 85 YRS  Ba. FACILITY NAME (If not institution, give street and number)					DAYS	HOURS	MIN.	10 02 08 Country) Illinois			
E	Lorian Nursi		Col			M OF DE	AID.	How				
25	RESIDENCE OF DECEDENT		· ·		001	am.	O I U			X10 II	a.c.	
DIRECTOR	Maryland H.	w oward			y, town or Lumbi		ON					INSIDE CITY LIMITS? YES 2 NO
AL	10s. STREET AND NUMBER				ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
ERAL	6334 Cedar L	ane					2104	14		U	SA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIYE W	YES 2		lf y	es, spe	ENDENT OF	n, Mexicen	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No—	Black, Wh	merican Indian, Ita, etc.
ED	16. DECEDENT'S ED		16a. DE	CEDENT'S	USUAL OCCI	UPATIO	N		16b. KIND OF BU	SINESS/INDU	ISTRY	
PLET	Elementary/Secondary (0-12) 12th	(Specify only highest grade completed) (Give introduced) (Give int						,	Domes	tic		
COMP	17. FATHER'S NAME (First, Middle, Last)	2 2 0 11					ecretary Domestic  10. MOTHER'S NAME (First, Middle, Melden Surname)					
ш	Louis Golub								Esquinn			
0 8	19a. INFORMANT'S NAME (Type/Print) 19b. MA								oute Number, City or Tox			21044
	Paula Grapes	5			HOUR	-	_	Ct.	Columbi	cation - c		
	1 StBurlel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	St. M00544	Jos	eph 22. NA S1	ME AN	D ADDRES	ner	Z/29/Riv al Home,	P. :	Α.	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	PART II. Other aignificant conditions contributing to death but not resulting					g in the underlying cause given in Part i.				AUTOPSY		E AUTOPSY FINDING
MEDICAL	1 UVES									PLETION OF CAUSE		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL/	ACE OF DE	EATH (Che	ck only one)			
IXS	1 YES 2 NO	1   Inpetient 2			4 🗆 Nursin			sidence (	6 Other (Specify)			
ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		Pay, Year)		M		ES 2	NO.	28d, DESCRIBE HOW	INJURY OCCU	URED	
ETED	3 Suicide 6 Could not be determined	28e. PLACE O building,	OF INJURY — At he atc. (Specify)	ome, farm,	street, factory	, office			281. LOCATION (Street City or Town, State		or Rural Route	Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY								to the cause(a) and me			menner as stated
H	20. MONADORE AND TITLE OF CERTIFI							NSE NUM			SIGNIO (Mar	
2	HOA. OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)	>/\	10	3	BEN	102	164-	7
	AUG 0 2 1994	12. REGISTRA	AR'S GIGNATURE									

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely third in by the funeral director, page 5 should be detached for use be file! within 72 hours after ceath with the State Dept. of Health and Mental Hygiene prior to burrial, cremation, or removal.

31. DATE FILED (Month, Day, Year) AUG V 2 1994

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		NTAL HYGIENE REG. NO.				
BY FUNERAL DIRECTOR	1. DECODENT'S NAME (First, Middle, Last)	н.	Za	aub	DATE OF DEATH DAY	YEAR 94 904				
		6. SEX 6. AGE (In yrs.	(ast birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	OATE OF BIRTH (Morth, Day, Year) 10, 1911	s. BATTHPLACE (State or Foreign Country) MARYLAND			
	99. FACILITY NAME (If not Institution, give street CHESAPEAKE MANOR N	ME (If not Institution, give street and number) AKE MANOR NURSING HOME  96. CITY, TOWN OR LOCATION OF DEATH ARNOLD					ANNE ARUNDEL			
	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY  MARYLAND		10c. CIT		10d. INSIDE CITY X LIMITS? 1 YES 2 NO					
	100. STREET AND NUMBER 1607 CEREAL STREE	CITIZEN OF WHAT COUNTRY?								
	11. MARITAL STATUS 1  Never Married 2 Merried 3 M Widowed 4 Divorced	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerte								
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION   16a.   16a.   College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during more retired.) MEMAKER	ON st of working	196. KIND OF BUSINESS.				
BE COI	17. FATHER'S NAME (First, Middle, Last) JOHN	URE	BUS		18. MOTHER'S NAME ANTONIA	(First, Middle, Maiden Surnem	POWALITIS			
10 B	190. INFORMANT'S NAME (Type/Print) MARTHA URBUS	1	195. MAILING	HERRY ST	REET BAI	TIMORE, MAR	RYLAND 21226			
שתאר הם	20e. METHOD OF DISPOSITION  1 Disposition 3 Demoval from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of competery, cremetory or KETRO) PLACE OF DISPOSITION (Name of competery, cremetory)									
	21. SIGNATURE OF FUNERAL SERVICE UCENSES  MC CULLY FUNERAL HOME OF BROOKLYN 237 EAST PATAPSCO AVENUE BALTO., MD. 21225  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate									
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one gause on each I ACCUTO  DUE TO (OR AS A CON	Ine.	Evelot		a cardiac or respiratory	Interval Between			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d									
	PART II. Other significant conditions	rt i. 24s. WAS AN AUTOP PERFORMED? 1 □ YES 2 □ NO	AVAILABLE PRIOR TO							
CIAN		HOSPITAL:		OTHER:	ACE OF DEATH (Check					
PHYS	27. MANNER OF DEATH  1 ① Network 8 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. INJ	PRK?	Other (Specify)  Bd. DESCRIBE HOW INJURY	OCCURED			
	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,		YES 2 □ NO 20	Bf. LOCATION (Street and Nur City or Town, State)	nber or Rural Route Number,			
BE COMP ET	one)	AN: To the best of my knowledge, On the basis of examination and					stated. to the cause(s) and manner as stated.			
	29X SIGNATURE AND TITLE OF CERTIFIER	Alterial	100	Doctor	29c. LICENSE NUMBE	29d.	DATE SIGNED (Month, pay, Year)			
10	30. NAME AND ADD SS  DR- CV. CYRIA-C	COMPLETED CAUSE OF DEATH (	TEM 27) (Type	AeN Un	UY GLE	VBURNIE,	MD 2106/.			
	31. DATE FILED (Month, Day, Year) AUG V 2 1994	32. REGISTRAR'S SIGNATUR Walson Resident	E		1					

-2 already as - APRI here

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
í	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH
,	Nellie Avery		07 25

		TIEGISTRAN				CENT	IFICAT	E Or	DEA	117		REG. NO			
		1. DECEDENT'S NAME (First,									2. DATE	OF OEATH	AY	YEAR	TIME OF DEATH
		Nellie A									07	2	9 9	) /. I	9:30 p M
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(in yrs. last birtho	MONTHS	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH Day, Year)	1	B. BIRTHPL Country)	ACE (State or Foreign
		216-14-822	29	1 🗆 M 2 📈 F	8	2 YR	. months	DAYS	HOURS	serre,	10	28	11		MD
phode		9e. FACILITY NAME (If not int	stitution, give st	treet end number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF DE	ATH		9c. COUNT	TY OF DEA	
23	E	1605 Aisqu	iith	Street			Ra	1 + i	more	Ci	± 37				
<del></del>	DIRECTOR	RESIDENCE OF DEC	EDENT				Гра	161	INOTE	CI	Ly				
Pages	뿐	10e, STATE	10b. COUNTY	,		10c.	CITY, TOWN	OR LOCA	ATION					10	DI INSIDE CITY
4		Maryland			-		Balt	imo	re C	City				1	K YES 2 □ NO
permit.	A A	10e. STREET AND NUMBER						10	of. ZIP CODE	E			10g. CITIZI	EN OF WHA	AT COUNTRY?
ISI	FUNER	1605 Aisqu	uith	Street						212	0.2		US	SA	
020 physician. burial-transit	3	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DE	CENDENT C			(Specify Yes			- American Indian,
Dering Dering	-	1 Never Married 2		FORCES? 1 IF YES, GIVE W				if yes, s	s 2 1 NO	n, Mexica	n, Puerto R	icen, etc.)	2. 4.0	Black, V	Vhita, etc.
5-0020 nding physic as the burial	B	3 Widowed 4 Divor	rced						.0	ороспу				Specify:	Black
1215-0020 r attending physician. use as the burial-trar	G		EDENT'S EOUC highest grade			16a. DECEDEN	T'S USUAL C	CCUPAT	ION		16b.	KIND OF BUS	SINESS/INDU		223011
or us	li,	Elementary/Secondary (0-		College (1-4 or 5 -	-)	life, Do NO	of work done T use retired.)	during m	nost of workin	ng					
ND 21 hospital or ached for u	. 를	8	·		·	1	omes	tic	•		- 1	Н	ousel	b for	
4 e e	COMPL	17. FATHER'S NAME (First, Mi	ddle, Last)				One	CIC		HER'S NAI	ME (First, M	iddle, Maiden		1014	
8 6	E G	Ollie John	ngon									rrod	,		
MAR retained 5 should	2 m	190. INFORMANT'S NAME (7)			-	19b. MAIL	ING AOORES	S (Street				er, City or Town	n State 7in C	Code1	
> 2 10	일	Annie Gilm	nore									ilto,		,	5
may be or, page 6	9	20a. METHOD OF DISPOSITI			201	PLACE AND DA				I DL	OATE		CATION — CI		
7 9 9	must	1X Buriel 2 Cremetion	n 3 🗆 Remo	oval from State		netery, cremetory				0/	1			1 1 1 1 1 1	State
NO H		4 Donation 5 Other		ENGEE	- 14	L. 210			AND AGORES		4/94	Ва	lto,	MD	
death. P	examiner				, 0		"					Home			
		84.0	- 940	well	·H							ve	Ralto	n M	D 21201
S after 1 by the removal	medical	23. PART i. Enter the di	seesea, or c	omplications that	Caused	d the deeth. [	o not ente	r the m	ode of dyl	ing, auci	h aa cerdi	ac or reepi	ratory arre	et,	Approximate
filled in on, or r		immediate Cause (Fin		List only one ceu	se on e	ech line.									Interval Between Onset and Death
Fill on.	2	disease or condition		(	00	Vi na	P	1	1.0	0 1/	- 5	GUG	ma	115	6406
rted within completely ial, cremati	event,	reaulting in death)		OUE TO	(OR AS A	CONSEQUENC		UL	no	CY		740	1.400	10	0910
8 5 7							,								
executor and to bur	traumatic ATION	Sequentially list condition if any, leading to immediate		OUE TO	(OR AS A	CONSEQUENC	OF):								<del>                                     </del>
siclar or		cause. Enter UNDERLYII	NG												
certificate ding physical controls of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the princip	or other traumatic	CAUSE (Disease or Injusthat Initiated events	, L	DUE TO	(OR AS A	CONSEQUENC	OF):								-
	5 E	resulting in death) LAST													
DS, P ne death the atten Mental H	5 2														1
ا م الم	AL CE	PART II. Other algnificar	condition	e contributing to	deeth b	ut not resuiti	g in the u	nderlylr	ng cause g	given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
E E E	e any inj										_	1 TES 2		CC	OMPLETION OF CAUSE
Sign Sign												-			YES 2 NO
w requ		DID TOBACCO US	SE CONTR	RIBUTE TO CA	USE O	F DEATH	YES 🗆	NO [	] UNC	ERTAIN	V M				
	SICIAN:	25. WAS CASE REFERRED TO				26. PLACE OF C					7				
MN: T	SICI	EXAMINER?		HOSPITAL: 3	ER/Outp	eatlent 3 DO	OTHE 4   Nu	R:	me ship-	aldence	6 Other	(Speciful			
Sicily certi		27. MANNER OF BEATH		28a. DATE OF	INJURY		TIME OF		JURY AT	- I	_	CRIBE HOW II	NJURY OCCU	IREO	
PHYS this control of the control of	marked BY PI		ending	(Month, Da	sy, Your)	350	M		YES 2	NO					
OING OING death	B A	2 Sulaida	nvestigation	28e. PLACE O	F INJURY	- At home, far	n, street, fac			-	28L LOCA	TION (Street e	and Number o	r Rumi Bruit	to Number
after 308:			Could not be Intermined	building,	atc. (Spec	olfy)	,	,,		- 1	City o	r Town, State)	THE PROPERTY OF	THE PROOF	y rearrade,
DR ATTENDING DIRECTOR: After hours after death	E 6	2 a. CERTIFIER									_	-			
		(Check only		CIAN: To the best of											
	<b>E</b> S	Z   MEDIC	EXAMINE	n. On the beels of en	aminatio	n end/or investig	ntion, in my	opinion,	death occur	ed at the	time, date	end place, en	d due to the	cause(e) er	nd manner as stated.
무 무 집	E H	296. SIGNATURE AND TITLE	OF CERTIFIER	1.0		1			29c. LICE	NSE NUM	IBER		29d. DATE :	SIGNED (M	gnth, Day, Year)
THE DE FILE	D BE CO	Deloga	life	AXM	1	/			10	146	251		D 8	11/	94
	2 ≥	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DE	ATH (ITEM 27)	rpe, Print)	1.	-	, ,	- 1	1 11		10	101
		Lebo	vah	6/1	011.	mey	er.	My	1	41	15/7	y/1/2	1071	1/4	ed CONTE
		31. DATE FILED (Month, Day, Y	bar)	32. REGISTRA	R'S SIGN	ATURE	-			Col	11.1			016	0 000
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		ITAL HYGIEN REG. NO	-	
	1. DECEDENT'S NAME (First, Middle, Last)		DATE OF DEATH	MAY YEA	3. TIME OF DEATH
	BRIAN MILLER BENSON  4. ***OPIAL APCIPALE AND MARKET   S. SEX   6. AGE (In yrs. last birthday)   IF UNDER 1 YEAR   IF UNDER 1		igust 1,	1994	4:20 p
	4. ***SCIAL ERCHINIZE NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR FUNDER 1 YEAR HOURS MONTHS DAYS HOURS	MIN.	Month, Day, Year)  Dember 1,	C	etherace (State or Foreign ountry) aryland
~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION	ON OF DEATN	-	9c. COUNTY C	
CTOR	Pickersgill Nursing Center Towson			Balti	more
DIRE	Maryland Baltimore 10c. city, Town or Location Towson	•			10d, INSIDE CITY LIMITS? 1- YES 2 NO
FUNERAL	615 Chestnut Avenue Apt. 1422	7.0		U.S.	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Naver Married 2 Married  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED If ORCES? 1 No If yes, specify Cubar III YES 2 NO III YES, GIVE WAR OR DATES  13. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  14. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  15. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  16. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  17. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  18. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  19. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  19. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF IT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF YES, GIVE WAR OR DATES  10. WAS DECEDENT OF YES, GIVE WAR OR DATES	n, Maxican, Pu		s or No 14. F	ACE — American Indian, Black, White, etc.
TED	15. OCCEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of workin life. Do NOT use retired.)	ng	16b. KIND OF BU	ISINESS/INDUSTR	
COMPLET	College (1-4 or 5+) 4 years Finance		School.	System	
<u>ခို</u>	17. FATNER'S NAME (First, Middle, Lest) 18. MOTN	NER'S NAME (F	irst, Middle, Maider		
BE (			Miller		
2	19a. INFORMANT'S NAME (Type/Print)  Elizabeth M. Benson  19b. MAILING ADDRESS (Street and Number)  615 Chestnut Aven				Apt. 1422
	20a. METNOO OF DISPOSITION  1		OATE 20c. LC	OCATION — City o	r Town, State
		SS OF FACILITY	у Ва	Itimore	, Maryland
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE AND ADDRES MITCHELL—W Thomas Joseph Bozek 6500 York				212
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyli	ing, such as	cardiac or reep	dratory errest,	Approximate
	shock, or heert failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	der	care	inor	Interval Betwee
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):				
A	PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceuse g	given in Part	I. 24a. WAS AP		24b. WERE AUTOPSY FINDIN
4: MEDIC			1 TYES		OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	EATN (Check or	nly one)		
PHYS	1 ☐ YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 ☐ Re  27. MANNER OF DEATN 26s. DATE OF INJURY 26s. TIME OF 28c. INJURY AT		Other (Specify) OESCRIBE HOW	INJURY OCCURE	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2	□ NO			
Œ	3 Sulcide 6 Could not be 4 Homicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)	281.	LOCATION (Street City or Town, State		ral Floute Number,
COMPLE	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occur				se(s) and manner as stated
8	296. SIGNAPORE AND WITE OF CERTIFIED	ENSE NUMBER	5	29d. DATE SIG	NED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	300	<u> </u>	1	
	31. DATE FILED (Month, Day, Year)  32 REGISTRAR'S SIGNATURE  AUG 03 1994  July Discorbardall				

BALTIMORE, MARYLAND 21215-0020	ge 6 may be retained by the hospital or attending physician,	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	
ALTI	death. Pa	funeral	
	vurs after	in by the	f removal.
6	Ĭ	by filled	ation, c
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the from after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR MARE this certificate has been signed by the attending physician and complete	be filed within 72 hairs after deal with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
	SPITAL C	ERAL D	nin 72 hc
	HE HO	THE FUN	led with
	5	5	be fi

	1 - FOR STATE OF M.	ARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
	t. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH						
	RAE JEAN BRYANT			<b>****</b> 82	1994 731 a m						
			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)						
	233-38-5199	67 YRS.			1926 West Virginia						
<u>α</u>	9e. FACILITY NAME (If not institution, give etreet end number)		9b. CITY, TOWN OR LOCATION OF D	EATH 9	DC. COUNTY OF DEATH						
Ē	Greater Baltimore Medical (	Center	Towson		Baltimore						
DIRECTOR	10e, STATE 10b, COUNTY	t0c. CITY,	TOWN OR LOCATION		tôd. INSIDE CITY LIMITS?						
	Maryland Baltimore	Tows	son		1 TYES 2 NO						
3AL	100. STREET AND NUMBER		tol. ZIP CODE	ŧ	10g. CITIZEN OF WHAT COUNTRY?						
FUNER	309 B Charles Street Avenu		21204		U.S.A.						
IF	t Never Married 2 Merried FORCES? t	EVER IN U.S. ARMED YES 2 NO	t3. WAS DECENDENT OF HISPA It yes, specify Cuban, Mexico	in, Puerto Rican, atc.)	Black, White, atc.						
B	3 X Widowed 4 □ Divorced IF YES, GIVE WA	R OR DATES	t TYES 2 X NO Specific	y:	Specify: white						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b, KIND OF BUSINE	ESS/INDUSTRY						
LE	Elementary/Secondary (0-12) College (t-4 or 5+)	life. Do NOT use	retired.)								
once. COMPL	17. FATHER'S NAME (First, Middle, Last)	Teacher		School							
92	Homer Fitzwater			ME (First, Middle, Meiden Sun	name)						
B	190. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street end Number or Rural	rookshank	State 7in Code)						
be notified TO BE	Amy E. McGovern (daughter)		etty St. Laurel		nate, alp 0000)						
2	20s. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c, LOCAT	TION — City or Town, State						
Ē	4 Donation 5 Other (Specify)	Dulaney Valle	y Memorial Gardens	Aug. 4 Timoni	um, Maryland						
all la	21. SIGNATURE OF TUNERAL SERVICE LIGENSES		22. NAME AND ADDRESS OF FA	CILITY							
еха	Thomas Joseph Bozek  Mitchell-Wiedefeld Home Inc. 6500 York Rd. Baltimore, MD 21212										
medicai examiner must	23. PART I. Enter the diseases, or complications that abock, or heart failure. List only one cause	caused the death. Do no	t enter the mode of dying, suc	h as cardiac or respirate	tory arrest, Approximata Interval Between						
E	IMMEDIATE CAUSE (Finel disease or condition )										
event, the	resulting in death) a. ! Net	innia									
	A Co	OR AS A CONSEQUENCE OF):	Come								
RTIFICATION	If any, leading to immediate										
CAT	CAUSE (Disease or injury										
other TIFIC	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
0 111	resulting in deeth) LAST										
Injury.	PART II. Other algolificant conditions contributing to d	leath but not reaulting in	the underlying cause given in								
				PERFORME  1   YES 2	COMPLETION OF CAUSE						
shows any					DF DEATH?						
·	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF	DEATH YES   NO								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	eck only one)							
0 >	1 VES 1 NO 1 Inpettent 2 27. MANNER OF DEATH 280. DATE OF I	ER/Outpetlent 3 DOA 4	☐ Nursing Home 5 ☐ Residence								
	1/C. Netural 5 Pending (Month, De)		OF 28c, INJURY AT WORK?  M t YES 2 NO	28d. DESCRIBE HOW INJU	JRY OCCURED						
	2 Accident Investigation 3 Suicide 6 Could not be hullding a	INJURY — At home, farm, atr		28f. LOCATION (Street end	Number or Rural Route Number,						
包里	4 Homicide determined building, e	tc. (Specify)		City or Town, Stete)							
E 2	29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To the best of n	ny knowledge, death occurred	at the time, data end place, end due	to the cause(e) end manner	r se stated.						
MPORTANT: II I	one) 2 MEDICAL EXAMINER: On the basis of exa										
E C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NU	MBER 2	9d. DATE SIGNED (Month, Day, Year)						
TO B	G. t. Comp		1277	30	· 8/494						
1 =	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, F	rint)	#							
	GARY I COLEN 1	nD. 656	9 N. Charles	ST. 205	RALTO, Md. 21204						
	31. DATE FILED (Mg/rth, Day, Year)	Narda H		(	,						
	L AUG 0 3 1994										

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEAT	
SECTOENTIS MANE (First Address A cont.)	11 /	Unity Elizabeth Hoses	

	REGISTRAR			ICATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Unity E Bragge	: Unity &	Unity Eliz	abeth Bra	99	2. DATE OF DEATH MONTH D	AY YEAR	
	4. SOCIAL SECURITY NUMBER 218-20-4135	1 🗆 M 2 💢 F	(In yrs. lest birthday) 87 YRS.	WE UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		ARYLAND
POR	99. FACILITY NAME (If not institution, give str DORCHRSTER GENE	RAL HOSPI	TAL		OR LOCATION OF DE	АТН	9c. COUNTY OF DORCHE	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	TATE 106. COUNTY 10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	P.O. BOX 267, SUNNYSIDE ROAD 101. ZIP COOE 21664						U.S.A	F WHAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO If YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:				BI	ACE — American Indian, leck, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	(Give kind of life. Do NOT u	USUAL OCCUPATE work done during m se retired.) IEMAKER	ON ost of working		HOME	ć
BE CON	17. FATHER'S NAME (First, Middle, Lest) HENRY	SCHRIBER			18. MOTHER'S NA SADIE	ME (First, Middle, Maiden	Surname) AAI	RON
TO B	19a. INFORMANT'S NAME (Type/Print) MARGARET E -	JORETTE	P . O .	BOX 26	7, SUNN	YSIDE RO		CRETARY, MD.
	20e. METHOD OF DISPOSITION 1/A: Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State 200	b. PLACE AND DATE metery, crematory or c EDAR HI	other plecel	311.5	8/4	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Huskin		GLEN	BURNIE	, MARYLA	ND 210	NERAL HOME, 61
	23. PART I. Enter the diseases, or contained the second three terms of the second three terms of the second three terms of the second three terms of the second three terms of the second three terms of the second three terms of the second three terms of the second three terms of the second terms of the sec	Congesti	each line.	Failur	eC.H.	F		Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  A SCVD A, Fibrillation Years  A SCVD A, Fibrillation Years  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.							
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Description   Part							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL	100	CAUSE OI		YES NO			
rsic	EXAMINER?	HOSPITAL: 1 Sempetient 2 ☐ ER/Out	ipatient 3 🗆 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Rasidence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUREO	
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, scify)	atreet, factory, offi	ca	28t. LOCATION (Street : City or Town, State)	and Number or Run	al Floute Number,
COMPLETED		CIAN: To the best of my known: R: On the basis of examination						e(s) and menner as stated.
出	29b. SIGNATURE AND TITLE OF CERTIFIER		wan.	m.D.	29c. LICENSE NUM 2 143	4 9		IED (Morith, Day, Wer)
5	30. NAME AND ADDRESS OF PERSON WHO			, Print)				
	Eyup Tanman		klin Stre	eet	Cambridge	, MD 216	13	
	31. DATE FILED AND TO BE 1992	32. REGISTRAND SIGN	ATURE	R.				

d by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Day. 141994

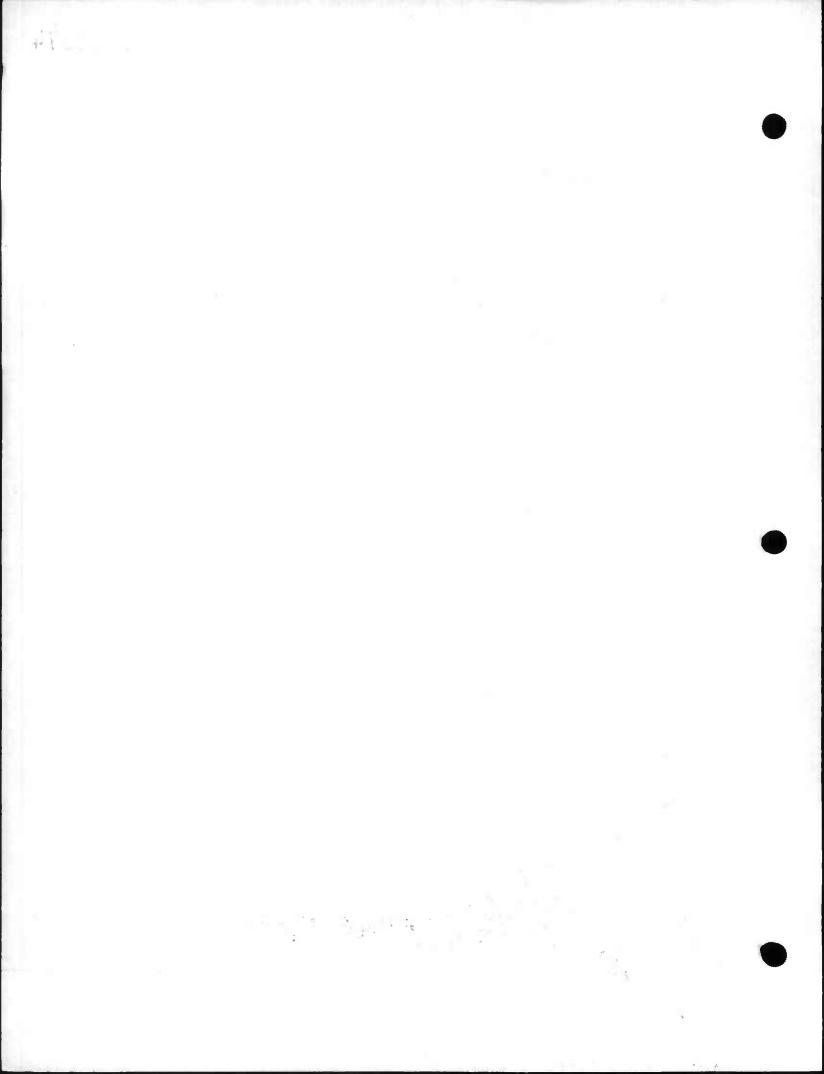
3. REGISTRAR'S SIGNA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoul		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rvent
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1994 9:00A. M John Thomas Barrow 1V August A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) Dec. 1, 1969 1 X M 2 | F 24 YRS orth Carolina Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 362 Front Street Cecil Perryville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Perryville 1X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1125 Aikin Ave. Ext. 21903 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 UYES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1X Never Married 2 Marrie ΒY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) ege (1-4 or 5+) Student yrs Towson State College 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Thomas Barrow 111 Margaret Elizabeth Scott BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 John T. Barrow 111 362 Front Street, Perryville, Md. 21903 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State
4 ☑ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION -- City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEER onald 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W.Baltimore St, Balto, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Samo de DUE TO (OR AS A DNSEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequentially llat conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 4 | Nursing YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA Home 5 Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY 2 Accident Suicide
4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 29a. CERTIFIER CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIED 29d, DATE SIGNED (Month, Day, Year) BE 8 2

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TO THE HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL RECEDED Age this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hd is after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: It lies as is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL RECORDARY of this certificate has been signed by the attending physician and comp	be filed within 72 ha is after death with the State Dept. of Health and Mental Hygiene prior to burial, co	IMPORTANT: If item of is marked, or item 23 shows any injury, or other traumatic eve

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last	,				2. DATE OF DEATH	1	year 3. TIME OF DEATH	
	KATIE V 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	SHOP IF UNDER 1 YEAR	IF UNDER 24 HRS.	08 C		L 08:55 AM	M
	215-14-9523	1 M 2X F		MONTHS DAYS	HOURS MIN.	09-08-1	906 V	IRGINIA	
TOR	90. FACILITY NAME (If not institution, give  NORTH ARUNDEL HO  RESIDENCE OF DECEDENT		ATION	96. CITY, TOWN C	BURNIE	EATH		A. COUNTY	
DIRECTOR	10e. STATE 10b. COUN	ANNE ARUNDE	T	SEVERN	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	106 STREET AND NUMBER B325 TIMBER LA	AKE COURT			21144			EN OF WHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specify	NC ORIGIN? (Specify n, Puerto Ricen, etc.	Yes or No.— 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use HOMEM	ork done during mo retired.)	DN st of working	16b, KIND OF	OWN HO		
E CON	17. FATHER'S NAME (First, Middle, Last) EDMOND BRYANT		<u> </u>	·	18. MOTHER'S NA LIZZIE	ME (First, Middle, Ma)		-	
10 8	190. INFORMANT'S NAME (Type/Print) LINDA BISHOP		19b. MAILING 8325	ADDRESS (Street of	nd Number or Rural I	Route Number, City or	Town, State, Zip C	MD. 21144	
	20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rei 4 Donation 6 Other (Specify)		PLACE AND DATE O					ty or Town, State RNIE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND SECULOR OF SECULOR O	OND AVE	NUE, S. MD. 2	ETON I	FUNERAL HOME	3 /
	23. PART I Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. CONGES	ach line.	HEAKT			apiretory street	Approximate Interval Betwee Onset and Deat	
HILLATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF						
HIFE	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):					
2	PART II. Other significant condition	ons contributing to death t	out not resulting in	the underlying	cause given in	Part I 24e WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
: MEDICA	DEMENTIA,					PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PH YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
<u>הַ</u>	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out;		OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (Specify)			
_ !!	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	REO	
ובת מ	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, ferm, st cify)	reet, fectory, offic		281. LOCATION (Str. City or Town, S	pet end Number or late)	r Rural Route Number,	1
JMPLE		SICIAN: To the best of my know NER: On the basis of examinatio						i. ceuse(a) and manner es stated.	
3	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUM			SIGNED (Menth, Day, Year)	$\dashv$
0	AS NAME AND ADDRESS OF SECTION	In MD			D 384	58	▶ 8	11/94.	
	DALJEET S. SIDHU				106/ODEN	TON, MAR	YLAND 2	1113	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							٦

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital death. Page 6 may be retained by the hospital or attending physician.

TO THE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Earl E. Bosley					July 28	1994	2:35 A M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	221-03-6074	1 M 2 D F	82 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 15,19	912 N	aryland
_	9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	DEATH
DIRECTOR	Cherrywood Manor	Nursing Cent	ter	Reiste	erstown		Balti	more
EC	10a. STATE 10b. COUNTY			, TOWN OR LOCAT	ION			10d. INSIDE CITY
I I	Maryland Bal	timore		Reister	Atown			1 YES 2 X NO
AL.	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11 Walstan Ave.				21136		us	A
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO			IIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ck, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 X Divorced	IF YES, GIVE WAR OR DA	ATES		2 NO Specify			White
	15. DECEDENT'S EDUC		16e. DECEDENT'S	Inclina Accordance				white
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of w	ork done during mos	st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
P	1 2	College (1-4 or 5+)	Insura	ice Sal	208	Tusi	vrance I	ndustru
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		reactor by
BE C	Charles A. Bosl	ey			Bessi	ie C. Bower	2	
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural I	Route Number, City or Town	n, State, Zip Code)	
F	Richard E. Bosle	.y	12722	Longlea	if Lane	Herndon, 1	Va. 220	70
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	oval from State	PLACE AND DATE O	F DISPOSITION (Nat		DATE 20c. LO		
	4 Donation 5 Other (Specify)	W	etery, cremetory or oti 00 alawn			30-94 Bal	ltimore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA	11894 R	ixtonxt	own Road
	James D	Laure		Eline	Funeral.			n, Md.21136
3	23. PART i. Enter the diseases, or c	complications that caused List only one cause on a	the death. Do n	ot enter the mod	de of dying, suc	h ss cardiec or respi	ratory arrest,	Approximata
	IMMEDIATE CAUSE (Final	11 -11-20-06-02						Intarval Between Onset and Death
.	disease or condition resulting in death)	DUE TO (ON AS A	سياس					2745
1		DUE TO (ON) AS A	CONSEQUENCE OF	):				
CERTIFICATION	Sequentially list conditions,  Due to (or as a consequence of):							
Ä	If any, leading to immediate cause. Entar UNDERLYING			,				i
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):				
品	resulting in deeth) LAST	d		-				
	PART ii. Other aignificent conditions	s contributing to deeth b	ut not resulting i	n the underlying	ceuse given in	Part i. 24a. WAS AN	AUTOPSV 24	ib. WERE AUTOPSY FINDINGS
CAL			•	,	,	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC						1   YES 2	NO	OF DEATH?
W	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES IT NO	A		1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch			
Sic	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outp	atient 3 DOA	OTHER:	5 - Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, stc. (Spec	— At home, larm, s	treet, lectory, office		281. LOCATION (Street a City or Town, State)	and Number or Rure	Route Number,
15								
AP.		CIAN: To the best of my knowl						
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of exemination	and/or investigation	n, in my opinion, de	eath occured at the	time, data and place, an	d due to the cause	(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICENSE NUM	IBER	29d. DATE SIGNE	D (Month, Day, Year)
P	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CHINES			カトノ 1	23	> 110	TE(C.
	Judah A. Minkove				nistaria	Course Md	0112/	
M	DATE FILED (Month, Day, Year)	22. Plaisthan's sur	ATUREAL SU	ieer K	eisiersi	town, Md.	21136	
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DIVISION OF VITAL RECORDS, P.O. BOX (

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4 Homicide 29e, CERTIFIER

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retained	5 should		NNT if item 28 is marked or item 23 shows any injury or other trainmatic event the medical examiner must be notified
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ING P	DIRECTOR: After this certificate has been signed by the attending physician and comp	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal	mari
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH V10 Viola Virginia Brown 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 215 16 9122 (Month, Day, Year) 08 26 12 HOURS 1 M 2 F YRS 81 Md 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hopkins Bayview Medical Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6720 Danville Avenue 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES X 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuban, Mexican, Puerio Ricen, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Specify: В 1 TES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only his Elementary/Secondery (0-t2) College (1-4 or 5+) Housework At Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) George Adev Charlotte Pearman BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gary E. Gallagher 6720 Danville Ave. Balto., md. 21222 200. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Donetion 5 - Other (Specify) Oak Lawn Cemetery 8-3-94 8-3-94 Eastwood, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S.Zeiler & Son Inc. 3 6224 Eastern Ave. Balto.Md 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximats ahock, or hasrt fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onast and Dasth** disease Dr condition resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) NO Sequentially list conditions, DUE/TO (OR AS A CONSEQUENCE OF) If sny, leeding to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 | YES 2 | NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner ee stated. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(a) end manner se stated. SIGNATURE AND TITLE OF CERTURIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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F PS INL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.

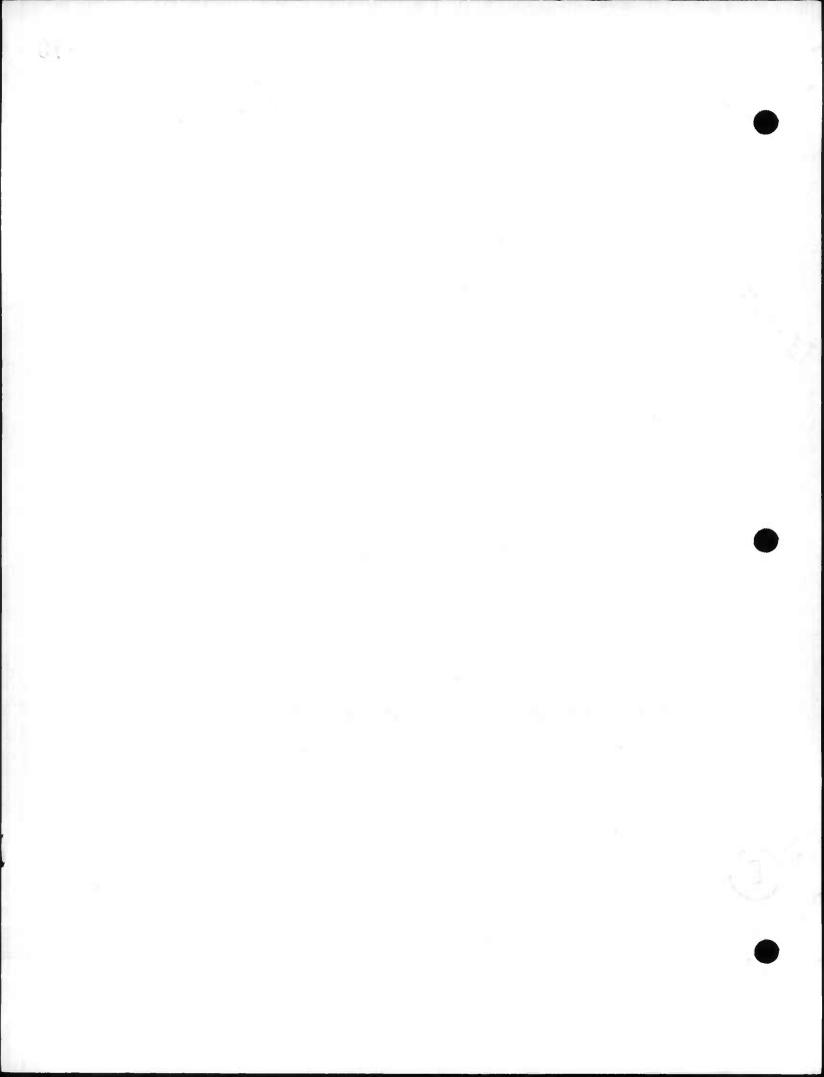
E FUN RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEAT	īN	_	3. TIME OF DEATH	
			Hattie	)	Cox					7—	30-	94	м	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le		IF UNDE		IF UNDER		7. DATE OF BIRT		8. BIRTH	IPLACE (State or Foreign	
	216-16-30		1 🗆 M 2 🔀 F	87	YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year)						* ***		
œ	3618 Clifm		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OE							EATH				
6	RESIDENCE OF DEC													
DIRECTOR	10a. STATE MD		10c. CIT								10d. INSIDE CITY LIMITS?			
AL	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CI	TIZEN OF V	VHAT COUNTRY?	
<u></u>	3618 CL1	FMAR	RD					21	244			US	Α	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2  3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	YES 2 V			If yes, sp	CENDENT Concepts Cube	n, Mexica	IC ORIGIN? (Specif n, Puerto Rican, etc	y Yes or No—	14. RACE	. American Indian, t, White, etc.	
				1									DIACK	
2	(Specify onl	EDENT'S EDUC y highest grade	completed)	(C	ECEDENT'S Give kind of a le. Do NOT us	work done	during me	ON ost of working	ng	16b, KIND O	F BUSINESS/II	DUSTRY		
COMPLETED	Elementary/Secondary (t	0-12)	College (1-4 or 5 +)	)   "		NOW	1							
Š	17. FATNER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NAI	ME (First, Middle, Mi	alden Surname)			
BEC	WILLIAM				LI	LLY	JOHNS	ON						
10	JANE TOP	PPIN		11		ADDRES B CI			or Rural R	Number, City o				
	20a, METNOD OF DISPOSIT X X Burlel 2 Crematic 4 Donation 5 Other		DATE OF DISPOSITION (Name of DATE 20C. LOCATION — City of CION of Place CEMETERY 8494 LANSDOWN						-					
	21. SIONATURE OF EUNERA				ND ADDRE		CILITY							
	March F/H West  4300 Wahash Avenue  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximate													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significe	ent condition	s contributing to	death but not	resulting	in the u	rderlyln	a cause o	alven in	Part I. 24s Was an All Tripev			WERE ALTERNATION	
MEDICAL	Atherosc	levotio	cardi	ovas	resulting in the underlying cause given in Cular disease				Part I. 24a. WAS AN AUTOPSY PERFORMED?			. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	DID TORACCO	O LISE O	ONTRIBITE	TO CALL	ISE OF	DEA	TLI \	/EC [	NO	- No.			1 TES 2 NO	
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 225. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)													
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH	Pending Investigation	28e. DATE OF I	NJURY	28b. TIM	_	28c, IN.	JURY AT ORK? YES 2		6 Other (Specify 26d. DESCRIBE H		CCURED		
ED BY	2 Accident 3 Suicide 6 4 Homicide	ome, ferm,	street, fac				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
9	29a. CERTIFIER	FIEVING BUYOU	MANU - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -											
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												and manner as stated.	
8	29b. SIGNATURE AND TITLE	. W. (	Wolfet	hal 1	un			29c. LiCi	NSE NUM	5575	29d. D/	TE SIGNED	(Monfr., Day, Year)	
욘	SD WOUFS	THAL	MD .	DEPT.	EM 27) (1)/po	Print)	il	of M	d.2	2S.Grea	ene St	- Ba	it, MD	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR AT MOING PHYSCIAN: The law requires that the death certificate be executed within whours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTAR: Leg into contribute has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours a er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: 4/ Hem 26 master, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE OF MARYLAND / DEPARTMENT	IT OF HEALTH AND I	MENTAL HYGIENI	=							
		E OF DEATH	REG. NO.	•							
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH		3. TIME OF DEATH						
	Ralph Oscar Davis,	Sr	July 30,	1994	M						
	34,127	ER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign						
	182-16-6610 1X M 2 □ F 73 YRS. MONTH	DAYS HOURS MIN.	(Month, Day, Year)	Count	ny)						
		TY, TOWN OR LOCATION OF DE		9c. COUNTY OF D	nsylvania						
œ			-Ain	Se. COUNTY OF E	EAIN						
유	7900 Benesch Circle Apt. 778 G	<u>len Burnie</u>		Anne	Arundel						
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN	I OR LOCATION			10d. INSIDE CITY						
5	Maryland Anne Arundel Glen	Burnie			LIMITS?						
	10a. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN OF V							
FUNERAL	7000 Banagah Gimala Amb 770	07000									
ž I	7900 Benesch Circle Apt. 778  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13.	21060 B. WAS DECENDENT OF NISPAN		U, S.	Α.						
	1 Never Married 2 V Married FORCES? 1 X YES 2 NO	If yes, specify Cuban, Mexica	n, Puerto Rican, etc.)	Black	E — American Indian, k, White, etc.						
B	3 Wildowed 4 Divorced WW TT	1 TYES 2 NO Specify	r.	Spec	*						
	15. DECEDENT'S EDUCATION 16a, DECEDENT'S LISUAL	OCCUPATION	16b. KIND OF BUS	INCCC/INCLICTOV	White						
E	(Specify only highest grade completed) (Give kind of work don	e during most of working	IGU. KIND OF BOS	INESS/INDUSTRY							
7	College (1-4 or 5 +)   College (1-4 or 5 +)   Field Su		BWI	7 : 22 - 24							
COMPLET	17. FATNER'S NAME (First, Middle, Last)			Airport							
		18. MOTHER'S NA	ME (First, Middle, Meiden S	Surname)							
BE	Oscar Davis  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRE	Ethel		Gregar	Y						
2	-	SS (Street end Number or Rural I		, State, Zip Code)							
	Naomi C. Davis 7900 Ber	nesch Circl									
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISP	OSITION (Name of	/20/194 20c. LOC	ATION — City or To							
	1 N Burlet 2 Cremetton 3 Removal from State 4 Donatton 5 Dother (Specify)  Clen Haven Memorial Park Glen Burnie, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Singleton Funeral Home PA  Second Ave. SW Glen Burnie Md 21061										
	23. PART/1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arreat, shock, or heart failure. List only one cause on each line.  Approximate interval Between										
	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finsi										
	disease or condition resulting in death)  a. CARMO- PUMMARY ARREST  DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, Selvere Emphysema -										
Ĕ	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate										
2	CAUSE (Disease or injury C. Somere FUP TEMIA)										
RTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST										
SER	d										
	PART II. Other aignificent conditions contributing to deeth but not resulting in the	Inderlying course alves in	Part I Day MED AND	urroney Lau	WEST ALTERNATIVE TO THE PARTY OF THE PARTY O						
EDICAL	and and and and and and and and and and and	muchymy cause given in	Part I. 24a. WAS AN / PERFORI		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
ă			1 YES 2	□ NO	OF DEATH?						
Σ				- 1	1 TES 2 NO						
SICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	TH YES   NO									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHI	26. PLACE OF DEATH (Ch	eck only one)								
S	4 D VEC A D NO	:H: ursing Home 5 ☐ Residence	8 Other (Specify)								
РНҮ	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  INJURY	28c. INJURY AT WORK?	26d. DESCRIBE NOW IN	JURY OCCURED							
BY	1 Natural 5 Pending 2 Accident Investigation	1 YES 2 NO									
	3 Suicide 28e. PLACE OF INJURY — Al home, ferm, street, fr	ctory, office	28f. LOCATION (Street or	nd Number or Rural I	Route Number,						
m I	4 Nomicide determined building, etc. (Specify)		City or Town, State)								
iy	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge death occurred at the	a i picateces acces		V-1000							
A P	Check only										
COMPLET	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in m	opinion, death occured at the	time, date and place, end	I due to the cause(e	e) end manner se stated.						
w	29b. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUN	MBER	29d. DATE SIGNED	(Month, Day, Year)						
0 0	N. Mywoon	12974	8	▶ 81.	194						
유	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  ALLE MANY SUACA. ND., 13.07 CRAIN		Cac								
	ALIF MANESUACA. NO. 13,07 CRAIN	reny sie.	OUR - MR	UM- 3h	21061						

July 32 REGISTRAR'S MATURE

31. DATE/UG 0 3 1994

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lan HERMAN	R. EDWA	RDS JR					2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRT	TN .	8. BIRTHPLACE (State or F Country)		
	216 84 9410	1 # M 2   F	28	YRS.	MONTHS DAY	HOURS	MIN.	6/14/66 Country) -7/31/94 MD.				
	9a. FACILITY NAME (If not institution, given	e street and number)			96. CITY, TOW	N OR LOCAT	ION OF DE	ATN	9c. COUNTY OF DEATN			
OR	(Home) 2006	N. PAYSON	ST.	1	BAL	TIMOR	E					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COU	NTY		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY	
DIA	MD.			775	BALTIMORE							
A	10a. STREET AND NUMBER				D.I.D.I.I.	101, ZIP COL	DE		10g. Cl	TIZEN OF V	1 PYES 2 N	
FUNERAL	2006 N.	PAYSON S	Γ.	- 3						USA	1	
BY FUI	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEOE FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 2/1 WAR OR DATES	NO	If yes,	Specify Cub	an, Mexica	IIC ORIGIN? (Spec n, Puerto Ricen, st	ify Yea or No— Ic.)	14. RACE	— American Indiar t, White, atc. thy:	
ED	15. DECEDENT'S E (Specify only highest gro	DUCATION			USUAL OCCUPA			16b. KIND (	OF BUSINESS/IN		TRIBICION	
4	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of w life. Do NOT use	vork done during e retired.)	most of work	ing					
COMPL	12			DISAB	ILITY							
- 1	17. FATNER'S NAME (First, Middle, Last)					18. MO	TNER'S NA	ME (First, Middle, A	feiden Surname)	4 7 7		
BE	HERMAN R.  19a. INFORMANT'S NAME (Type/Print)	EDWARDS	SR.	40h 400m			AGNES		RBIN			
2	ANN BULLO	שר						Route Number, City				
	20a. METNOD OF DISPOSITION		20b PI AC		BULTO F DISPOSITION		BAL'	TIMORE.		1217	nun State	
	1 Burial 2 Cremation 3 R	amoval from State	cametery,	crematory or oti	her place)	•	191.			CATION — City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY FOTED ROOTHED FINERAL HOME DA											
	ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. 21217											
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ca	EPHAL  O (OR AS A CONS	ITIS	ot enter the	mode of d	ying, sucl	h aa cardlac or	respiratory a	. 212	Approximation Interval Better	
RTIFICATION	iMMEDIATE CAUSE (Finsi disease or condition	a. ENC  DUE TO  DUE TO  C.	EPHAL  O (OR AS A CONS	ITIS BEOUENCE OF BEQUENCE OF	TICIENC	mode of d	ying, sucl	PL. BAI has cardiac or INFE	respiratory a	. 212	Approximatinterval Bell Onset and	
CERTIFICATION	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ENC  DUE TO  DUE TO  DUE TO  d.	EPHAL D (OR AS A CONS O (OR AS A CONS	TTIS BEQUENCE OF BEQUENCE OF	TICLENC	mode of d	VVS	INFE	cnon	rreat,	Approximatinterval Bet Onset and © 2 William	
MEDICAL C	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. ENC  DUE TO  DUE TO  DUE TO  d.	EPHAL D (OR AS A CONS O (OR AS A CONS	TTIS BEQUENCE OF BEQUENCE OF	TICLENC	mode of d	VVS	INFE	respiratory a	rreat,	Approxima Interval Be Onset and © 2 W	
MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. ENC  DUE TO  DUE TO  DUE TO  d.	EPHAL D (OR AS A CONS O (OR AS A CONS	TTIS BEQUENCE OF BEQUENCE OF	not enter the second of the underly	ying cause	VV S	INFE	CTION  AS AN AUTOPS: ERFORMED?	rreat,	Approximatinterval Bell Onset and Carlot Service Servi	
MEDICAL C	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ENC  DUE TO  DUE TO  DUE TO  d.	EPHAL  O (OR AS A COMS	TTIS SEQUENCE OF SEQUENCE OF It resulting in	not enter the second of the underly	ying cause	VV S	INFE	CTON  MS AN AUTOPS' ERFORMED? (ES 2) NO	rreat,	Approximatinterval Base Onset and On	
PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are suiting in death aignificant conditions. If yes 2 No 27. MANNER OF OEATH 1 Netural 5 Pending	a. ENC DUE TO b. HUMAN DUE TO c. DUE TO d. HOSPITAL: 1   Inpetient 2   28a. DATE 0 (Month,	EPHAL  O (OR AS A CONS	TTIS SEQUENCE OF SEQUENCE OF It resulting in	ot enter the state of the state	ying cause	ying, such	INFE	CTION  AS AN AUTOPS' ERFORMED? (ES 2) (NO	y 24b	Approximatinterval Beid Onset and © 2 W/C	
ED BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions. If yes 2 NO 27. MANNER OF OBATN	B. List only one ca	EPHAL D (OR AS A CONS O (OR AS	SEQUENCE OF SEQUENCE OF Tresulting in	ot enter the state of the state	PLACE OF Home 5 F INJURY AT WORK?	ying, such	Part I. 24a. W Pl 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INS AN AUTOPSY ERFORMED?  Y)  NOW INJURY OF	Y 24b	Approximatinterval Beidonset and Carlotter a	
D BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are suiting in death) LAST  PART II. Other aignificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. ENC  DUE TO  b. HUMAN  DUE TO  c. DUE TO  d	D (OR AS A CONS O (OR AS A CON	TIS SEQUENCE OF SEQUENCE OF t resulting in  3 DOA 28b. Time Inju home, farm, s death occurre or investigation	ot enter the state of the underly the unde	Ving cause  PLACE OF tome 5 F INJURY AT WORK?  YES 2 Hitce	given in  DEATN (Che  residence	Part I. 24s. W P. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MS AN AUTOPSY ERFORMED? Y/S Street and Numb State) Ind manner as at sice, and due to	Y 24b  CCUREO  or or Flural II	Approximat Interval Bell Onset and Onset and Elevante Autopsy Fin Awarda Burger From De Completion of Completion o	
ED BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of	B. List only one ca  a. ENC  DUE TO  b. HUMAN  DUE TO  c. DUE TO  d	DO (OR AS A CONS DO (OR	TIS SEQUENCE OF SEQUENCE OF SEQUENCE OF It resulting in  3 DOA 28b. Tilde Inuit home, farm, s death occurre or investigation	ot enter the state of the underly street, factory, of the time, denter the	PLACE OF OF ONE SOFT OF ONE SOFT OF ONE SOFT OF ONE SOFT	given in	Part I. 24a. W. P. 1	INS AN AUTOPSY ERFORMED?  Y)  NOW INJURY OF Street and Numb State)  Individual to the state of t	CCUREO CCUREO CCUREO Control of Stated, the couse(a CATE SIGNED	Approximatinterval Beigner and Onset	
BE COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentisity list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the cause of the condition of the	B. List only one ca  a. ENC  DUE TO  b. HUMAN  DUE TO  c. DUE TO  d	DO (OR AS A CONS O (OR AS A CO	TEM 27) (Type,	ot enter the state of the underly street, factory, of the time, denter the	PLACE OF tome 5 1 1 INJURY AT WES 2 1 Internal place in, death occident, death	given in  DEATN (Che Residence  NO  a, and due uned at the	Part I. 24a. W. P. 1 U. 1 Other (Specific City or Town, 10 the cause(a) at time, data and plates.	MS AN AUTOPSY ERFORMED? Y/S Street and Numb State) Ind manner as at sice, and due to	CCUREO  CCUREO  inted.  ATE SIGNED  R. 2 ,	Approximatinterval Be Onset and © 2 W & V C. WERE AUTOPSY FIN AWAILABLE PRIOR TI COMPLETION DF CO OF DEATH?  1 YES 2 No.	

DIVISION OF

DIVISION OF VILAL RECORDS, P.O. BOX 68/60	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the	w requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR		CENT	IFICALE C	OF DEATH	REG. NO						
		) ILCOAT ENSOR SR.	45	SOR_		2. DATE OF DEATH MONTHUI 28	1994 YEAR	4THE SEPERTH				
	4. SOCIAL SECURITY NUMBER 212-30-9546 218-30-9546	1 🌠 M 2 🗆 F	(In yrs. lest birtho	MONTHE DA	AR IF UNDER 24 HRS. LYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept.5,189	8 BIR Cou	THPLACE (State or Foreign ntry) ARY LAND				
OR	96. FACILITY NAME (If not institution, give Saint Joseph Hosp	street and number)		96. СІТУ, ТО Т (	Be. COUNTY OF	Baltimore						
5	RESIDENCE OF DECEDENT											
DIRECTOR	MARYLAND BA	LTIMORE	10c.	MONKTO				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER				10f. ZIP CODE		10a CITIZEN OF	WHAT COUNTRY?				
FUNERAL	16513 Garfie	ld Avenue		7.00	2111	1	USA	WHAT COOKINIT				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT OF HISPAN	HC ORIGIN? (Specify Ye	8 or No- 14. RA	CE — American Indian, ick, White, etc.				
B≺	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 🗆	s, specify Cuben, Mexical YES 2 ANO Specify	n, Puerlo Rican, etc.)	Spe	ick, White, etc. ichy: IITE				
	15. DECEDENT'S EDI		16a. DECEGE	NT'S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDUSTRY	11.135				
E	(Specify only highest grad		(Give kind life. Do No	d of work done durin OT use retired.)	g most of working							
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Farme	er		Farmin	g					
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
BE	George Ens	or			Phoebe	e Rector						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRESS (St	reet and Number or Rural F	Route Number, City or Tow	m, Stete, Zip Code)					
일	Donald W. Ens		14	919 Ter	esa Blvd.,	Hudson, F	L 34669					
	20a METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rer 4 Donation 5 Office (Specify)	1 00	Bosley	ATE OF DISPOSITIO	Meth.Church	DATE 20c. LO	eation - city or arks, MI					
	21. SIGNATURE OF FUNERALISERVICE L	ICENSEE /	ril	22_NAN	E AND ADDRESS OF FAC	CILITY						
	Bryan	W. Clary	9)		mmon-Mitche W. Padonia							
	23 PART I Enter the diseases or	complications that cause	d the death I									
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  CARCINOMA OF THE PROSTATE  DUE TO (OR AS A CONSEQUENCE OF):											
2		DUE TO (OR AS	A CONSEQUENC	CE OF):								
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENC	E OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENC	CE OF):								
買用		d										
	PART II. Other significant condition	na contributing to death	but not resulti	ing in the under	lying cause given in	Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS				
EDICAL	CONGESTIVE HEA					PERFO	X I	MAILABLE PRIOR TO COMPLETION OF CAUSE				
	ARTERIOSCLERO	TIC CARDIOVAS	CULAR D	MSEASE		1  YES 4	NO NO	OF DEATH?				
2	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	OF DEATH	YES T NO	M		1 1 152 2 3 10				
IAI	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF GEATH (Che	بمي						
SIC	1 YES 2 NO	POSPITAL:	Ipatient 3 🗆 DC	OTHER: A 4 Nursing	Home 5 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH  3 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b.	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, fa			281. LOCATION (Street City or Town, State)	and Number or Rura	Route Number,				
	an converse					-						
COMPLET	(Check only	SICIAN: To the beat of my know IER: On the basic of examination						(s) and manner ee stated.				
BE	296. SIGNATURE AND TITLE OF CENTIFIE	Slaple	en A	nn.	29c. LICENSE NUM	155	29d. DATE SIGN	D (Montyl, Day, Year)				
5	30 MARK KAPLAN, W.				N, MD. 21111		-/-	10/				
	31. DATE FILED (Month, Day, Year)	2. REGISTRAN'S SIGN	MATTINE									
	AUG 0 3 1994	This Sendan	Probable									
		9										

BASE HER CHANGES

DIVISION OF VITAL RECORDS, P.O. BOX 68760

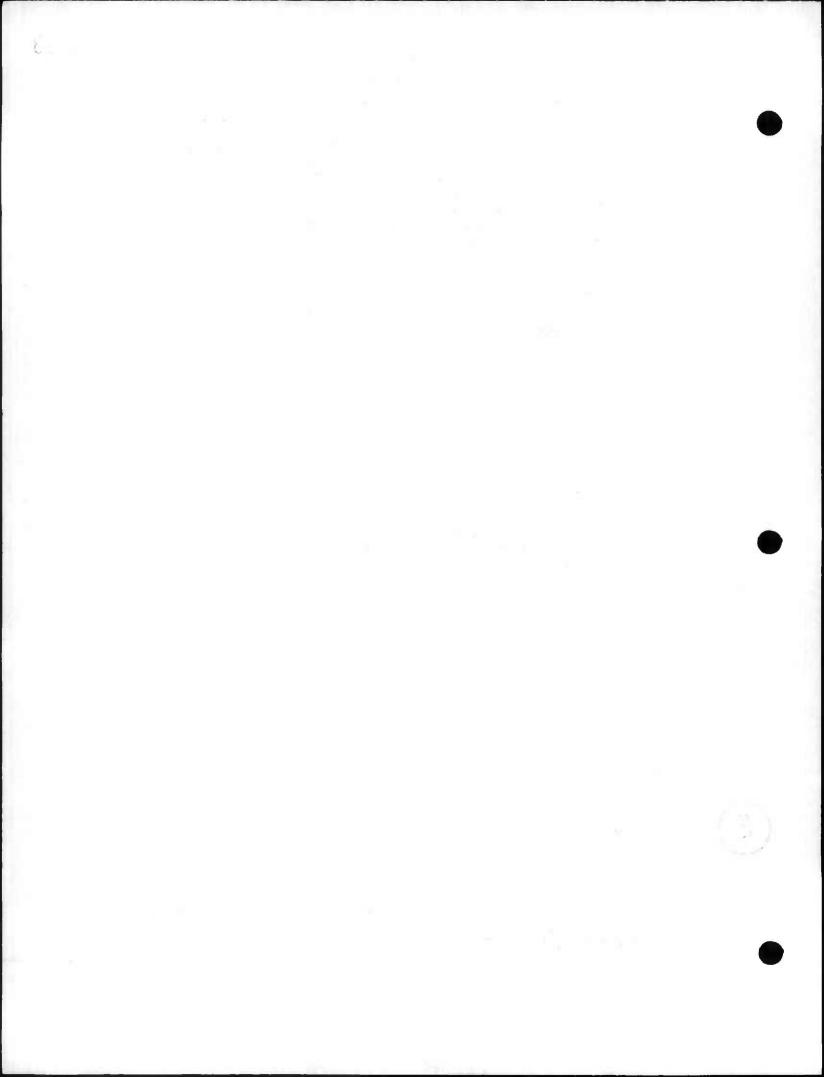
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)			ERTIFI	CATE	OF	DEA	Н		REG. NO		-		
	MICHAEL	J.			FORD			2. DATE OF DEATH DAY JULY 28			9 4	3. TIME OF OEATH 7:55 1		
	215 50 6281	1 📈 M 2 🗆 F	8. AGE (In yrs. le						3-4-48			BIRTHPLACE (State or Foreign Country) Maryland		
~	9a. FACILITY NAME (If not institution, give street	et end number)		9b. CITY, TOWN OR LOCATION OF E					DEATH 9c. COUNTY			Y OF DE	ATH	
DIRECTOR	4900 BLK.O.DONN	VELL ST	REET	F BALTIMORE CIT					Ϋ́		na			
E C	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OF	LOCATI	ON					$\neg$	10d. INSIDE CITY	
5	Maryland	na			Bal	lti	nore	3					LIMITS?	
A	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CITIZ	EN OF WI	SAT COUNTRY?	
ER	633 S Conkling Street 21224 I  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14.										USA	1		
P. C.		12. WAS DECEDENT FORCES? 1								? (Specify Yes	or No-	4. RACE Black	- American Indian, White, atc.	
BY	1 Never Married 2 Merried  3 Widowed 4 Divorced	IF YES, GIVE WA						Specify		wourt, att.,		Specify		
0	15, DECEDENT'S EDUCA	TION	14a D			C IDATIO			1				wille	
ETE	(Specify only highest grade co	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					160	KIND OF BU	SINESS/INDU	STRY				
COMPL										Baltimore City				
<u>≥</u>	17. FATHER'S NAME (First, Middle, Last)							HER'S NA						
w I	Joseph Ford	d					Ma	ry ]	NAME (First, Middle, Melden Surname) Burns					
10 8	19e. INFORMANT'S NAME (Type/Print)		.19	b. MAILING	ADDRESS	(Street en	d Number	or Rural I	Route Numl	oer, City or Tow	n, State, Zip (	Code)		
F	Harrison Lee													
20e. METHOD OF DISPOSITION  1   Buriel 2   Cremation 3   Removal from State   Cametery, crematory or other place!										DATE 20c. LOCATION — City or Town, State				
	4 Donation 5 Other (Specify) in state removal  21. Signature of Funeral service Licenser on ald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy B													
	21. SIGNATURE OF FUNERAL SERVICE LICEN	wsetRonal c	d Wade	,Dir										
	23. FART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reappratory arrest, Approximate													
RTIFICATION	disease or condition resulting in death)  a. Multiple Liquids  DUE TO (OR AS A CONSEQUENCE OF)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
	d													
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  To KYES 2 NO										WERE AUTOPSY FINDIP MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
	_ DID TOBACCO USE CO	ONTRIBUTE	TO CAU	ISE OF	DEAT	H Y	ES [	] NC					•	
SICIAN		HOSPITAL:			OTHER		CE OF D	EATH (Ch	eck only on	e)				
2	NO 1	Inpatient 2		3 DOA	4   Nursi	ng Home		sidence		(Specify) A		ENE		
ИНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF III (Month, Day	( Year)	28b. TIME INJU	JRY	26c. INJU WOF	IK?	n iie		CRIBE HOW I				
BY	2 Accident Investigation	7/28/ 280. PLACE OF		194		1 U Y	2 2	Ои			_		COLLISION	
3	3 Suicide B Could not be 4 Homicide detarmined	building, at	tc. (Specify)	viire, iaiTII, ä	uwet, ISCIO	, y, orfice			281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				W. W. C. C.	
	29e. CERTIFIER			1300									TIMONE M	
7	(Check only													
00 PE	2 MEDICAL EXAMINER:	On the page of axa		vealigation	, in my op	whon, de				end place, en				
W	29b. SIGNATURE AND TITLE OF CERTIFIER	LLEMD	)											
	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  O.C.M.E.  296. DATE SIGNED (Month, Dey, Year)  JULY 29, 1994											OLI	27,177	
TOB	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
- 11	30. NAME AND ADDRESS OF PERSON WHO ( DONALD G. WR & G. H  31. DATE FILED (Morith, Day, Year)		1			St	ree	t, E	Balt	imore	, Ma	ryl	and 212	

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WISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE OF MARY REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIEN	
	1. DECEDENT'S NAME (First, Middle, Last)  Launev	Ferque	son	2. DATE OF DEATH MONTH 8/1/94	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG 578 10 1944 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E (In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/19/1	8. BIRTHPLACE (State or Foreign Country) 7
_	9e. FACILITY NAME (If not inetitution, give street and number)	Α	9b. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEATH
TOF.	110 Oak Street		Turners Stat:	ion	Baltimore
DIRECTOR	Md. 10b. COUNTY Baltimore	Tun	rown or Location eners Station		10d. INSIDE CITY LIMITS?  1 XYES 2 NO
FUNERAL	10a. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
NE	110 Oak Street 11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	21222	NC ORIGIN? (Specify Yea	or No. 14. RACE — American Indian,
B	1 Never Married Merried FORCES? 1 YES, GIVE WAR OF	S 2 XNO	If yes, specify Cuben, Mexice  1 YES 2 NO Specify	n, Puerto Ricen, etc.)	Black, White, etc.
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION ork done during most of working	16b. KIND OF BUS	INESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)		elt Operator	Steel	
BE CON	17. FATHER'S NAME (First, Middle, Last)  Pet Ferguson			ME (First, Middle, Melder ietta Le	
TO B	19e. INFORMANT'S NAME (Type/Print)  Mary Ferguson		ADDRESS (Street and Number or Rural I Oak St. Balt		
	20 METHOD OF DISPOSITION	0b.PLACE AND DATE O	F DISPOSITION (Name of	DATE 20c. LO	CATION — City or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	pringiei	Ide Bapt. Ch.		
	James q. WM	ton			alto., Md. 21217
	23. PARTI Enter the diseases, or complications that caus shock, or heart failure. List only one ceuse or	ed the death. Do n	ot enter the mode of dying, auc	h as cardiac or reapi	ratory arrest, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR A	C OWST	ab cancer		Onset and Death
TION	it any, leading to immediate	S A CONSEQUENCE OF	):		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	A CONSEQUENCE OF	):		
	PART II. Other significant conditions contributing to desti	hut not exculting t	the redesides some streets	Dat la man	
DICAL	TANT II. Other agrituding conditions contributing to destr	but not resulting i	n the underlying cause given in	Part i. 24a. WAS AN PERFOR	MED? AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH YES TO NO		1   YES 2   NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch		
HYS	1 ☐ YES 2 ☐ ¶O ☐ 1 ☐ Inpettent 2 ☐ ER/O  27. MANNER OF DEATH ☐ 28e. DATE OF INJUR		4 Nursing Nome 5 Thesidence	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCURED
BY	1 Natural 5 Pending (Month, Day, Yea		M 1 YES 2 NO		
ETED	3 Suicide 8 Could not be 4 Homicide determined	pecify)	need, tactory, office	City or Town, Stete)	and Number or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my kn one)  2 MEDICAL EXAMINER: On the basic of examina	owledge, death occurre	d at the time, date and place, end due n, in my opinion, death occured at the	to the cause(s) and man time, date end place, en	ner ee stated, d due to the ceuse(e) end menner ee stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Set	29c. LICENSE NUI 0413	99	29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Theodore A. Stept		576 Merritt	Blvd 7	Salfo, Md. 21222
	31. DATE FILED (MOOTH, DON NOT) AUG 0 3 1994  Juli District Control	SNATURE	- IN INICALLA !!	51.4 3	The Plant



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

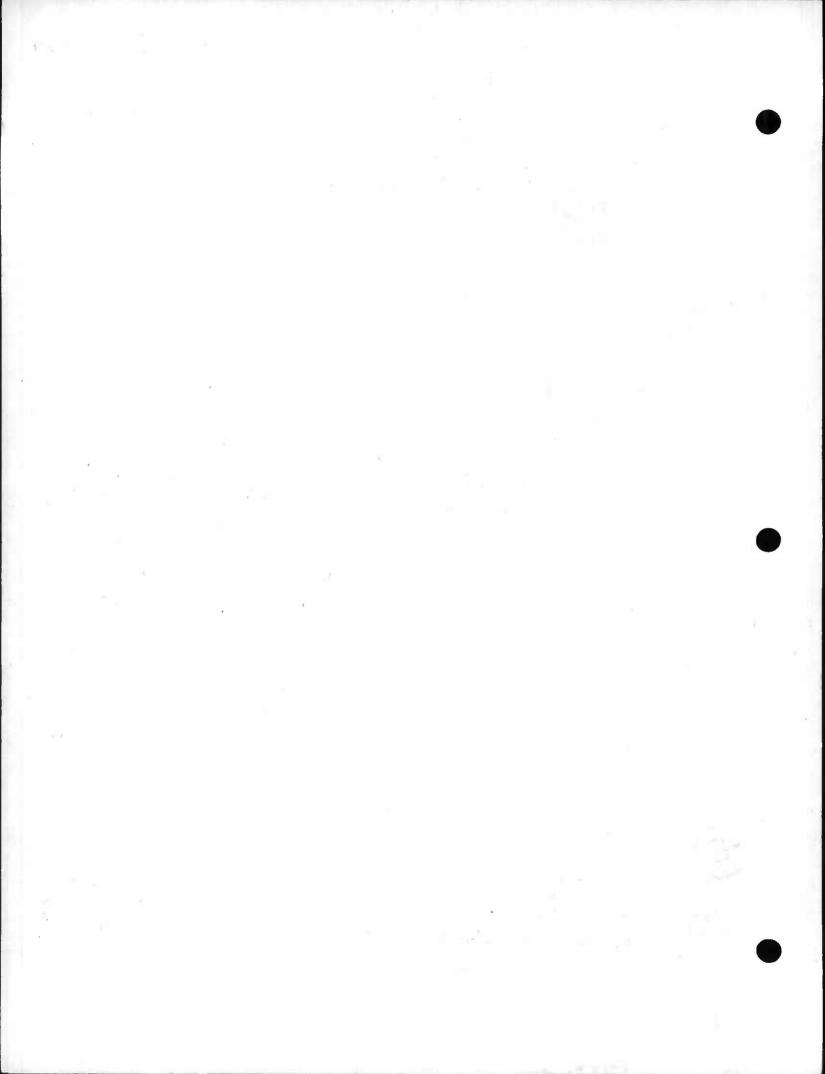
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anours after death. Page 6 may be retained by the hospital or attending physician.

TO THE SUBSEQUENTIAL OR ATTENDING PHYSICIAN: Been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fill within 72 cours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPRIGATE WE BE A DIRECTOR: Attention of the purple of the properties of

FOR 1 - STATE

_	REGISTRAR			C	ERTIF	ICATE C	F DEATH		REG. NO	).		
	1. DECEDENT'S NAME (First, Mic	idie, Last)							DATE OF DEATH			3. TIME OF DEATN
	FRAN	<b>L</b>	FEER	15					7 - 3	DAY	94	10:00 AM
	4. SOCIAL SECURITY NUMBER			AGE (In yrs. la	st birthdev)	IF UNDER 1 YE	AR IF UNDER 24 HR	5 7.1	DATE OF BIRTH	1	. /	PLACE (State or Foreign
	274-05-5727		1 🔯 M 2 🗆 F	80	YRS.	MONTHS DA			7/4/14		Country	y)
~	90. FACILITY NAME (If not institu HOWARD COUNT	tion, give st	reet end number)			, -	VN OR LOCATION OF		77 27 12		JNTY OF D	
DIRECTOR	RESIDENCE OF DECED					COLL	MBIA			H	OWARD	)
낊		b. COUNTY			10c. CIT	Y, TOWN OR L	CATION					10d. INSIDE CITY
뜽	MD	HOWA	RD				T CITY				- 1	LIMITS?
	10s. STREET AND NUMBER						10f, ZIP CODE			10- 00	FIZEN OF W	HAT COUNTRY?
FUNERAL	2909 PINEWIC	K RO	AD				21042			log. Gr	USA	THAT COUNTRY?
5	11. MARITAL STATUS	-0.1	12. WAS OECEDENT E				DECENDENT OF NIS			e or No —	14. RACE	American Indian, , White, etc.
ВУ	1 Never Married 2 Mer 3 Widowed 4 Divorced		IF YES, GIVE WAR	OR DATES	NO		, specify Cuben, Me YES 2 X NO Sp		rento Rican, etc.)		Spech	
COMPLETED	15. DECEDE (Specify only hig	NT'S EDUC	ATION Completed	16e. D	ECEDENT'S	USUAL OCCUI	ATION most of working		16b. KIND OF BI	JSINESS/IN		1111
E	Elementary/Secondary (0-12)	nest grade	College (1-4 or 5+)	iifi	e. Do NOT u	se retired.)	most or working					
MP			5+	AR	MY IN	TELLIC	ENCE		U.S. MI	LITA	RY	
,	17. FATHER'S NAME (First, Middle	, Last)					16. MOTNER'S	NAME (	First, Middle, Maide	n Surname)		
BE (	CHARLES FE	RRIS					ANN	A CC	NWAY			
TO B	19a. INFORMANT'S NAME (Type/	Print)		19	Db. MAILING	ADDRESS (Str	et end Number or Ru	ral Route	Number, City or To	wn, State, Z	ip Code)	
۲	CAREN F. FER	RIS	(DAUGHTER	₹)	2909	PINEWI	CK ROAD,	ELI	LICOTT C	TTY,	MD.	21042
	20a, METNOD OF DISPOSITION 1 D Burlei 2 Cremetion	3   Remo	ned from State	20b. PLACE		OF DISPOSITIO	(Name of	Ţ	OATE 20c. L	OCATION -	- City or To	wn, State
	4 Donation 5 Other (Spi	icify)		ARLI	VGTON	NAT.	CEM.	3/12	/94 ARL	INGIC	N, V	Α.
	21. SIGNATURE OF FUNERAL SE	RVICE DIS	ENSEE	1/			Y & RUSS			ביו ואובי	DAT L	IOME
	Lune	lac	NA	38								D. 21045
	23. PART I. Emer the disea	ses, or c	omplications-triat co	sused the d	eath. Do	not anter the	mode of dying.	uch as	cardiac or real	piratory a	rrest.	Approximata
	shock, or hear	failure. I	ist only one ceuse	on each iln	e.		400		2,550			Interval Between
1	IMMEDIATE CAUSE (Final disease or condition resulting in death)  ■ Premaria											Onset and Death
H	resulting in death)		OUE/TO (OF	AS A CONSE	OUENCE O	n:						ary
2						,						
CERTIFICATION	Sequentially list conditions if any, leading to immediat		OUE TO (OR	AS A CONSE	QUENCE O	F):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events		DUE TO (OR	AS A CONSE	OUENCE O	F):						
E	resulting in death) LAST		l									
	PART ii. Other significent of	condition	contributing to de	eth but not	requiting	In the under	ulas seuse elusa	In Dant	1. 24s. WAS A			
EDICAL			- contributing to de	aai bot iiot	recording	in the olicer	ying ceuse given	in Part	PERFO	RMEO?	246.	WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO
ă									15 YES	2 🗌 NO		OF DEATH?
Σ	DID TODA CCO	LICE 6										1 TYES PO NO
ž	DID TOBACCO		ONTRIBUTE	IO CAU	SE OF	DEATH	YES   1	40 [	]			
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER?		HOSPITAL:			OTHER:	. PLACE OF OEATN	(Check o	nly one)			
YS	1 TYES 3 NO		Inpatient 2 - EF		3 🗆 DOA		Home 5 - Residen	ce 6 🗆	Other (Specify)			
	27. MANNER OF OEATN Netural 5 Pers	dina	28e. DATE OF INJ (Month, Day,		26b. TIM	IURY	INJURY AT WORK?	280	1. OEȘCRIBE NOW	INJURY O	CCURED	
8∀	2 Accident Inve	stigation	20 21 127 22 1				YES 2 NO					
ETED	3 Suicide 6 Cou 4 Homicide dete	ld not be rmined	28e. PLACE OF IN building, stc.	(Specify)	ome, farm,	street, factory,	office	281	. LOCATION (Street City or Town, State	end Numbe	er or Runal R	loute Number,
	29a. CERTIFIER	NG PHYEN	JAN: To the best of my	knowledge 4	anth con-	ad at the time	data and also	4.2.1.2			V.	
COMP												) and memner ee stated,
E.	29b. SIGNATURE AND TITLE OF	CENTIFIER					29c. LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PE		COMPLETED CAUSE (	OF DEATH (ITE	EM 27) (Type	, Print)	NEC	0)	(6)		13	1/15
	ALCEVINA	2/100	0 1/05.	5								
	AUG 0 3 1994	Sta	32 REGISTRAR'S	MENATURE								



Onno 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HR 1 M 2 F use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Md. FUNERAL 10e. STREET AND NUMBER 1629 E. Madison St. 12. WAS DECEDENT EVER IN U.S. ARMED Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HIS BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES XX Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Glow kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) 10 th Housewife 17. FATHER'S NAME (First, Middle, Last) notified at Edgar Gasque BE 19e. INFORMANT'S NAME (Type/Print) 19h. MAILING ADDRESS (Street and Number or Fi 2 1629 E. Madison Delsie Parker pe 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must White Hill Church Ce 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF wirs after death. Deruck 4611 Park filled in by the fi 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart feliure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final completely filled rial, cremation, the the disease or condition me cae lake resulting in deeth) traumatic event, WHSION OF VITAL RECORDS, P.O. BOX 68760, requires that the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): n and com to burial, Adeno Caro CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): ental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in death) LAST 6 n signed by the attenut Health and Mental H PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given MEDICAL any t. of CA PHYSICIAN: certificate has be the State Dept. ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL Hem HOSPITAL: EXAMINER? OTHER 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Raside 27. MANNER OF DEATH 28s. DATE OF INJURY this c 26b. TIME OF marked, 1 Natural BY After Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On TO THE HOSPIT TO THE FUNER be filed within A

29b. SIGNATURE AND TITLE OF CERTIFIER

8

2

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

									91	1 2	22585
STATE OF MAR					HEALTH DEAT		MENTAL	HYGIEN REG. NO			
194e							2. DATE	OF DEATH	7 9	YEAR E	TIME OF DEATH
SEX 6. A	GE (In yrs. les	yrs.	IF UNDE	DAYS	IF UNDER HOURS	MIN.	7. DATE (Month	OF BIRTH Day, Year)	6	Sout	LACE (State or Foreign th Caroli:
end number)	cover	- Ca	96. CIT		on LOCATI				9c. COUNT	Y OF DEA	АТН
			y, TOWN								0d. INSIDE CITY LIMITS?
St.				-10	212	05				EN OF WH	AT COUNTRY?
WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2A	MED NO	13.	Il yes, s	CENDENT Coperate Cope	n, Mexican	, Puerto R	? (Specify Yelican, atc.)	e or No 1	4. RACE - Black, Specify:	- American Indian, White, etc.  Black
oN pleted) blege (1-4 or 5 +)	(G	CEDENT'S live kind of Do NOT u	work done se retired.)	during m	ION post of working	ng	16b.	KIND OF BU	SINESS/INDU	STRY	
					Do:	ra W	ils				
		L629		s (Street Ma	and Number diso	n St	. B	or, City or Tow alto	vn, Stata, Zip C , Md	. 2]	1205
from State	206. PLACE	AND DATE	TT (	chu:	rch			y Gre		Sou	ith Carol
- gor	20		4	NAME A	Par	ss of fac k He	igh	erric ts Av	ck C. ve. B	Jor	nes F.H.
ilications that cause only one cause of	as Ta	). 	not ente	ca-	ode of dy	ing, such	aa card	lsc or resp	Iratory srre	o1,	Approximate Interval Between Onset and Death
DUE TO (OR	euo	Car	a re	on	نو	of	) Ta	o le	idne	)	
DUE TO (OR	AS A CONSE	OUENCE O	F):			<u> </u>			0		
										_	
ntributing to dee	th but not i	reaulting	in the u	nderlyii	ng cause (	given in i	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
CA				_	PLACE OF D	EATH (Che	ck only on	»)			
SPITAL: Inpetient 2 ER/		□ DOA	OTHE		me 5 🗆 Re	sidence	B 🗆 Other	(Specify)			
28a. DATE OF INJU	IRY	26b. TIN	E OF	28c, IN	JURY AT		28d. DES	CRIBE HOW	INJURY OCCL	JRED	

28c. INJURY AT WORK?

Specialist

Medie a D

34 REGISTRAR'S SIGNATURE i Daviden Re

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) IMPERIAL

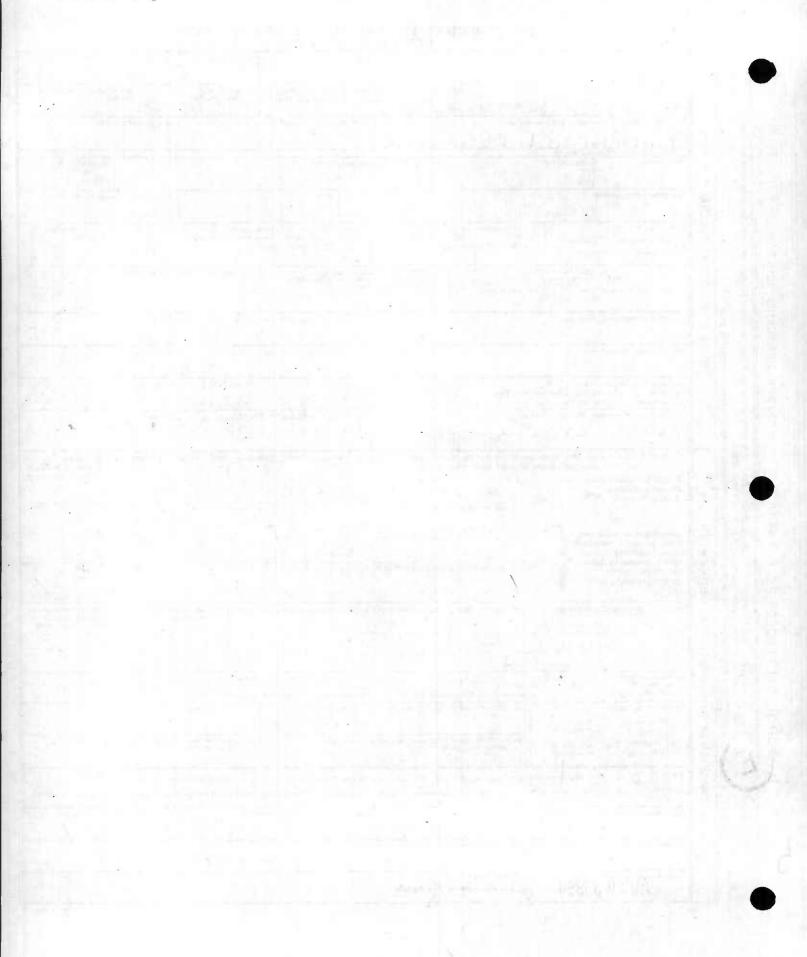
1 YES 2 NO

29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day, Year) 044503 8 01 CHURCH HOSPITTZ

in and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated

281, LOCATION (Street and Number or Rural Route Number, City or Town State)

DHMH-16 Rev 1/89



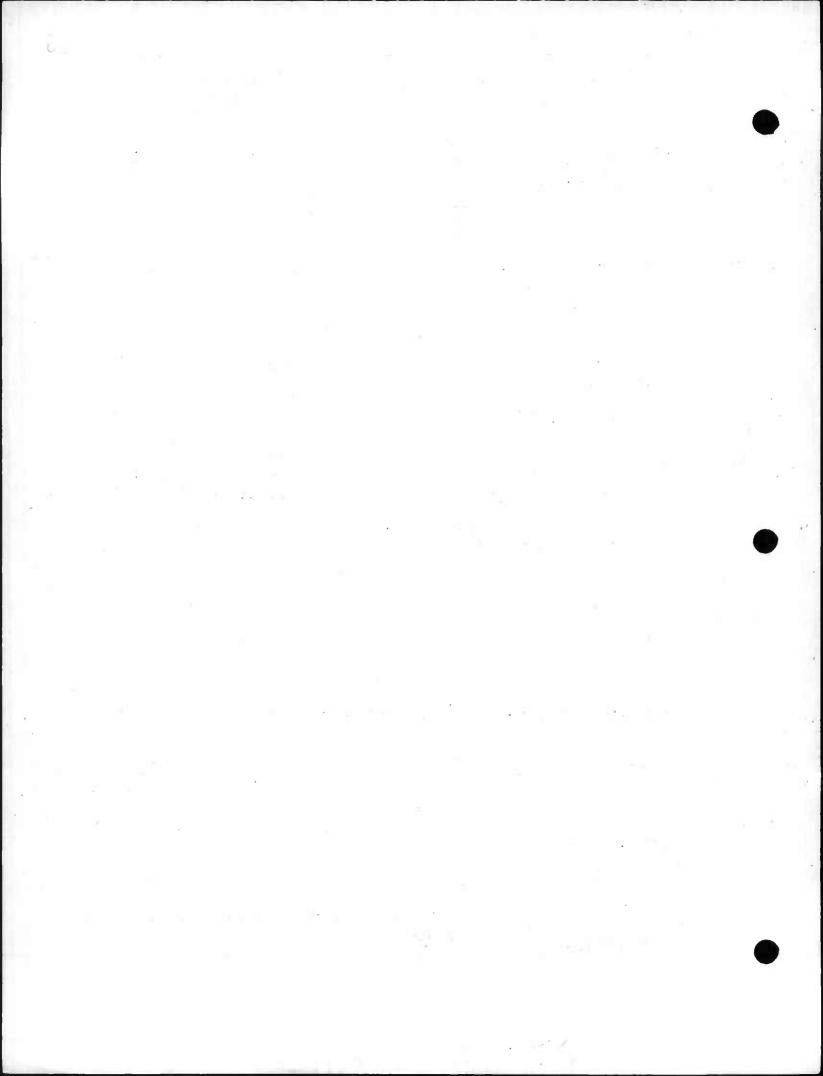
ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-714 8/12/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JULY 1994 EDWARD 20 17:50 P **JOHN** GLUTH, JR. 7. DATE OF BIRTH (Month, Day, Year) 9 - 6 - 1 9 5 6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 215-60-6135 1-X M 2 | F Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1314 N.MILTON AVE. DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Md. Baltimore 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 5704 Newholme U.S.A. Ave 21206 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puarto Rican, atc.) IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Construction Worker Steel Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surna Edward J. Gluth, Sr. Cecilia Henneke notified at 19a. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Cecilia Gluth Balto., Md. 21206 5704 Newholme Ave. page 5 s ours after death. Page 6 may be must be 20a. METHOD OF DISPOSITION

\*C Burtal 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE funeral director, HOLY Redeemen Cemetery 8/4 Balto., Md. 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hartley Millerk Funeral Home Harford Rd. Balto., Md. n and completely filled in by the to burial, cremation, or removal. 23. PART VEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heert fellure. List only one cause on each line IMMEDIATE CAUSE (Final ACUTE NARCOTIC, COCAINE & ALCOHOL INTOXICATION COMPLICATED **Onset and Death** disease or condition BY DROWNING event, reculting in deeth) BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or injury other been signed by the attending phore, of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initieted eventa resulting in deeth) LAST DIVISION OF VITAL RECORDS, P.O. PART II. Other significent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO shows any 1 YES 2 | NO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES [] NO [] PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h the State d, or Item HOSPITAL: OTHER 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF GEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OEȘCRIBE HOW INJURY OCCUREO this c marked, 28b. TIME OF 1 Netural 1 YES 2 NO 7-20-94 UNKNOWN™ UNKNOWN DIRECTOR: After the hours after death BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number City or Town, State) 1 2 1 /1 N MT 1 TON A 28 is I Suicide 6 Could not be COMPLETED 1314 N. MILTON AVE. 4 Homicide BALTIMORE item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner se stated. TC THE HOSPITAL O
TC THE FUNERAL D
De filed within 72 ho
IMPORTANT: If its XIX MEDICAL EXAMINER: revertigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 묾 O.C.M.E. JULY 21, 1994 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ALON LOVE M111 Penn Stre Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) AUG 0 3 199

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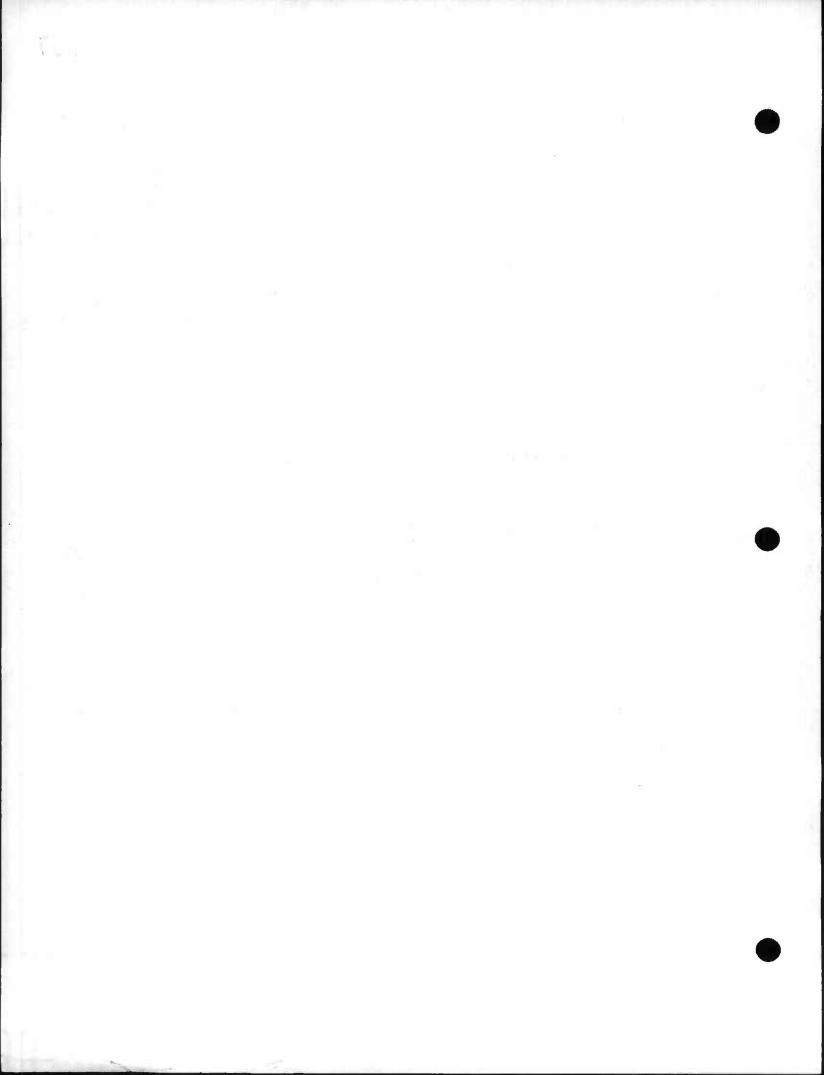
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DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within change in the flowers after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
10	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH								
	Thomas Grav	OT JE SET 17200M								
١.	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UND	ER 24 HRS. 7. DATE OF BIRTH  8. BIRTHPLACE (State or Foreign								
1	245 38 5167 1 M 2 - F 88 YRS. MONTHS DAYS HOURS	(Month, Dey, Year) 10-10-1905								
	9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCA									
O.	Sinai Hospital Baltimo	re								
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d									
E										
Maryland na Baltimore 1 verified 2 Merical 12 Was December 1 ver in v.s. Armed 11. Was December 12 ver or No- 14. Race - Armed 15. Was December 12 ver in v.s. Armed 15. Was December 15. Was December 16. Was Dec										
									N N	
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cu	ban, Mexican, Puerto Rican, etc.) Black, Whita, etc.								
ВУ	3 Wildowed 4 Divorced No	Black								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of work)	16b. KIND OF BUSINESS/INOUSTRY								
<u>"</u>	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)									
₹ I										
	17. FATHER'S NAME (First, Middle, Last)	THER'S NAME (First, Middle, Malden Surname)								
BE	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number)									
임	ISO, MAILING ADDRESS (SUBSET BITO NUME	per or Rural Route Number, City or Town, State, Zip Code)								
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State								
	1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDR	RESS OF FACILITY State Anatomy Board								
		1timore St, Balto, MD21201								
	23 PART I. Enter the disesses, pr complications that caused the death. Do not enfer the mode of c									
	ahock, Dr heart failure. List Dnly Dne cause Dn each lina.	Interval Between								
-	MMEDIATE CAUSE (Final disease or condition	Onset and Death								
	resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):	142								
-	Sequentially list conditions, Dury (OR AS A CONSEQUENCE OF):	with Kulpowin								
Ö	Sequentially list conditions, if any, lasding to immediate	all its tomograms								
S	cause. Enter UNDERLYING CAUSE (Disesse Dr Injury									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause	givan in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
		PERFORMED? AMAILABLE PRIOR TO								
MEDIC		1 YES 2 NO OF DEATH?								
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	1 □ YES 2 □ NO								
PHYSICIAN:		DEATH (Check only one)								
Sic	EXAMINER? COLLECTION HOSPITAL:  1 YES 2 100 VI VIII 115 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5	Rasidenca 6 Other (Specify)								
숮	27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED								
ВУР	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Paccident Investigation M 1 YES 2	□ NO								
	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, larm, street, lactory, office	281. LOCATION (Street and Number or Rural Route Number,								
ETE	4 Homicide detarmined	City or Town, State)								
P.E.	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and ple	cs, and due to the cause(s) and manner as stated.								
COMPL	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occ	cured at the time, data and placa, and dua to the cause(a) and manner as stated.								
Ü	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LI	CENSE NUMBER 29d. DATE SIGNED (Mogth, Day, Year)								
8	Smart. Que	1 7/29/94								
유	30 DIME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
1	Jaimes C. Henon Strain Hospital of B 31. Date FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE	selhmol								
1	31. Day E FILED (Month, Day, Year)  22. REGISTRAR'S SIGNATURE									
	AUG 3 1994 Ali Anish Roll									



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DIVISION OF VITAL	ľ
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	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last Benard 4. SOCIAL SECURITY NUMBER	6. SEX 6. AC	GE (In yrs. lest birthday)	EENE IF UNDER 1 YEAR IONTINE   DAYS	IF UNDER 24 HRS,	2. DATE OF DEATH MONTH  7. DATE GF BIRTH (Month, pay, year) 2/2.1/63	-	(FAR G-50 AM  BIRTHPLACE (State or Foreign  Country)  MD
TOR	219-86-9533  a. FACILITY NAME (If not institution, give UNIVERSITY RESIDENCE OF DECEDENT	atreet and number)	31 YRS.	Db. CITY, TOWN O	PR LOCATION OF DE		Bc. COUNT	MD.
L DIRECTOR	10e. STATE 10b. COUN MD .	TY	10c. CITY,		ION FIMORE  ZIP CODE		I too Civile	10d. INSIDE CITY LIMITS? 1 W YES 2 NO
FUNERAL	1600 ASHE	12. WAS DECEDENT EVE		13. WAS DEC	21216 ENDENT OF HISPAN	IC GRIGIN? (Specify Ye	US	I. RACE — American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced  19. DECEDENT'S ED	FGRCES? 1 YES, GIVE WAR OF	R DATES	1 TYES	2 NG Specify	n, Puerto Rican, etc.)		FR. AMERICAN
COMPLETED	(Specify only highest gra Elementary/Secondery (0-12) 12	College (1-4 or 6+)	(Give kind of wo life. Do NOT use	rk done durina moi	ORKER		_	
BE	17. FATHER'S NAME (First, Middle, Last) THOMAS LE  19a. INFORMANT'S NAME (Type/Print)	E GREENE	19b. MAILING A	DDRESS (Street e	ROSAI	ME (First, Middle, Melder LIND H loute Number, City or To	ENDERS	
ТО	ROSALIND  20g. METHOD OF DISPOSITION 1月 Buriel 2 Cremetion 3 Re 4 Donation 8 Other (Specify)		20b. PLACE AND DATE OF Complete A complete of Olive	DISPOSITION /No			DCATION — CIT	y or Town, State .LE, MD.
	21. SIGNATURE OF FUNDAL SERVICE I	7	ty	22. NAME AN ESTE	D ADDRESS OF FAC	ERS FUNERA		P.A.
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, of allock of heart failure immediate Cause (Final disease or condition resulting in death)	a. Pneu	ised the daeth. Do no n each line.	t enter the mo	de of dying, auch	n an carding or reap	piretory arrea	Approximata Interval Between Onset and Daeth
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):					240
	PART II. Other algnificant condition	one contributing to deet	h but not resulting in	the underlying	cauae given in	Pert I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NQ
SICIAN: MI	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	CONTRIBUTE TO			ES NO			
BY PHYS	1 YES 2 NG  27. MANNER DF DEATH  1 Neturel 6 Pending 2 Accident Investigation	28e. DATE QF INJUI	Outpatient 3 DOA A	OF 28c, INJ RY WO	e 8 Residence URY AT RK7 /ES 2 ND	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	RED
ETED	3 Suicide 6 Could not b 4 Homicide determined	building, atc. (\$	Specify)	— At home, ferm, street, factory, office  28f. LOCATIGN (Street and Number or Rural Route Number of Rural Rout				
COMPL	one) 2 MEDICAL EXAMI				eath occured at the	time, data and place, e		cause(s) end manner as stated,
TO BE	295, SIGNATURE AND TITLE OF CERTIFICATION OF THE PROPERTY OF T	nan	DEATH (ITEM 27) (Type, F	rint)	M-R-C	154	<b>•</b>	1 2 2 94 2 2 1 5
	Ange of broto	32 FECHOTRAR'S S	Univ. o	/ AAn	Med. 5	ys. 225	. Green	ie St. MD 2120

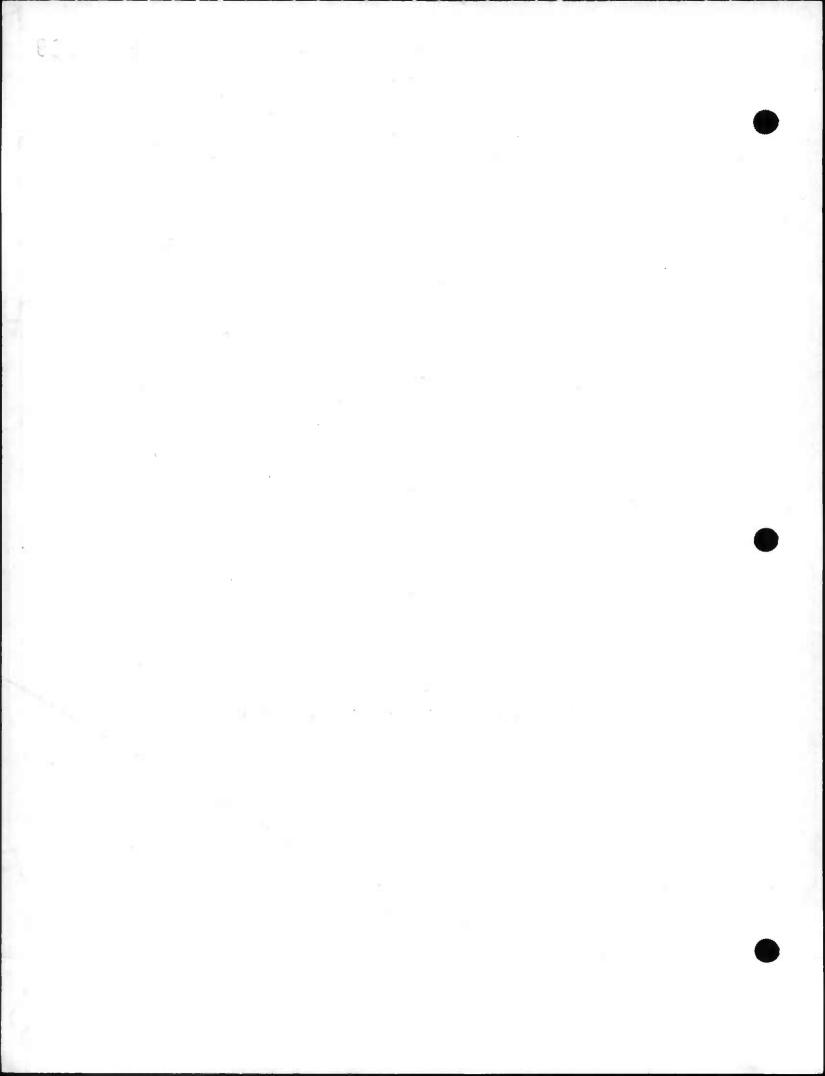
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.O. BOX 68760,	certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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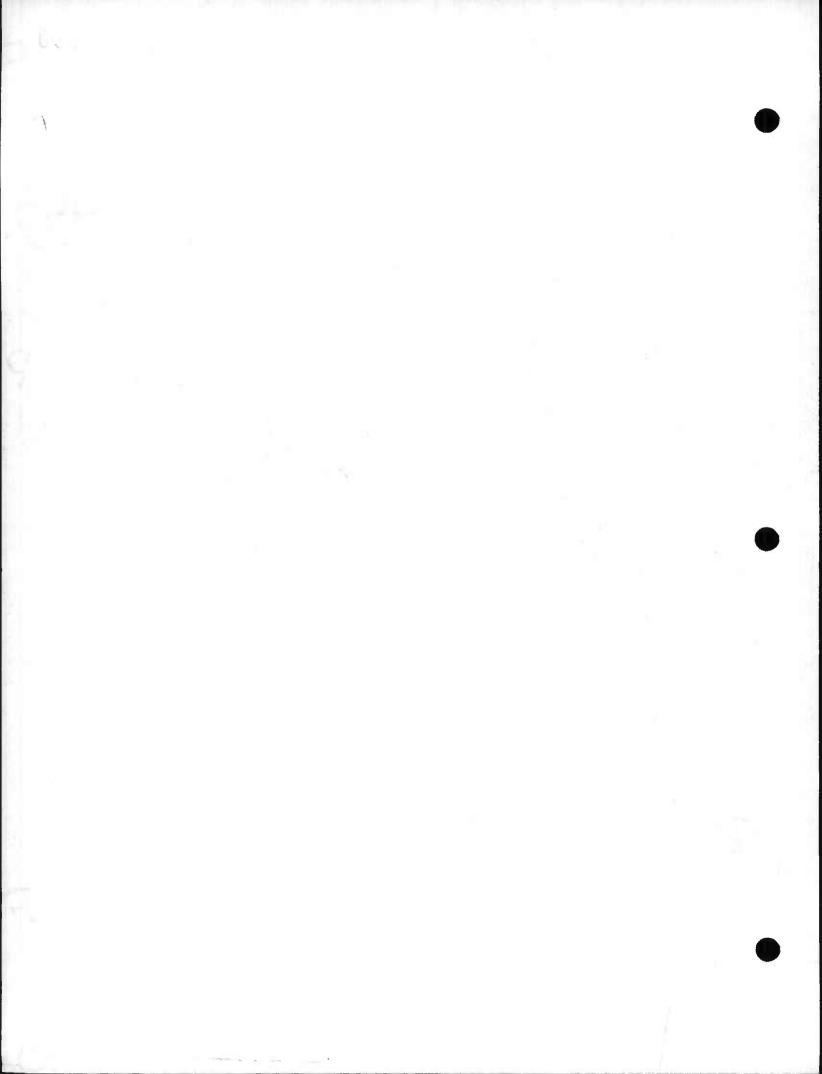
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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liw per	complet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
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	1 - STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH				
	Florence.o. (	3 riM	2.9	07 - 16	C111	33 PH			
		8. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.							
		$213-05-4747$ 1 $\square$ M 2 $\chi$ F 89 YRS. MONTHS DAYS HOURS MIN. $03-0505$							
~	9e. FACILITY NAME (If not institution, give street end number)		ETY, TOWN OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH				
0	Bon Secours Hospital	Ва	ltimore						
E C	10a. STATE 10b. COUNTY	16c. CITY, TOW	N OR LOCATION		10d. INSID	E CITY			
DIRECTOR	MD n/a	Balti	more		YES	<b>S?</b>			
AL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF WHAT COUN				
FUNERAL	3706 Edmondson Ave		21229		USA				
5	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuber, Mexican	C ORIGIN? (Specify Yee of	ne or No— 14. RACE — American Indian, Black, White, etc.				
ВУ	t Never Married 2 Merried IF YES, GIVE WAR OR		1 YES 2 NO Specify.		Specify: Black				
	15, DECEDENT'S EDUCATION	16a. DECEDENT'S USUA	OCCUPATION	16b. KIND OF BUSI	•	CK			
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most of working	100.10.00	1200/11000/111				
린	6th	domestic		househo	olds				
S	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAM	NE (First, Middle, Maiden Si	Velden Sumeme)				
BE	Stinnett, Charles		Sarah E		1.57				
2	19e. INFORMANT'S NAME (Type/Print)		ESS (Street end Number or Rural R						
·	Rose Grimes		ondson Ave.,						
	20. METHOD OF DISPOSITION 1.XI Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	b. PLACE AND DATE OF DISI metery, crematory or other pla Arbutus Memo	POSITION (Name of Ce)	7-21 Arbu	ATION - City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE								
	· (Wand De B	m	Joseph H. Brov 1913 W. Baltin						
	23. PART I. Enter the diseases, or complications that cause	ed the deeth. Do not en			etory arreat, App	roximata			
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b. UNALT State of the consequence of the conseq								
AL C	PART II. Other significent conditions contributing to seath		underlying ceuse given in i						
EDIC	Cornaly asternais	earl		PERFORM  1 YES 2	COMPLETIC	ON OF CAUSE			
ME	congestite beaut	Alling			t _ YES	10.10			
ä	TOBACCO USE CONTRIBUTE TO	CAUSE OF DE	ATH YES NO	图					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	28. PLACE OF DEATH (Che	ck only one)					
IXSI	1 YES 2 NO T Inpetient 2 ER/Ou	fpetient 3 DOA 4 D	Nursing Home 5 - Residence						
	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN.	JURY OCCUREO				
B	2 Accident Investigation 28e PLACE OF INJUS	Y — At home form street	M 1 YES 2 NO						
TED	4 Homicide determined building, etc. (Sp	3 Suicide a Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Poute Number, City or Town, State)							
COMPLET	29e. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my kno	er en stated							
Last. Certifries 1 Cocket only cone)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner se stated. Cocket only cone)  2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e)									
- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	1 // 0	29c. LICENSE NUM	BEB	29d. DATE SIGNED (Month, Day	( Year)			
TO BE	17/27	7/27/94							
	30. NAME AND ADDRIVE OF PERSON WHO COMPLETED CAUSE OF D	BON	SELAIRS	HOSH.	TAL				
	31. DATE FILED (Month, Day, Year) 38. REGISTRAR'S SIG	NATURE P							
	AUG 03 1994 Falsa dia dia dia								



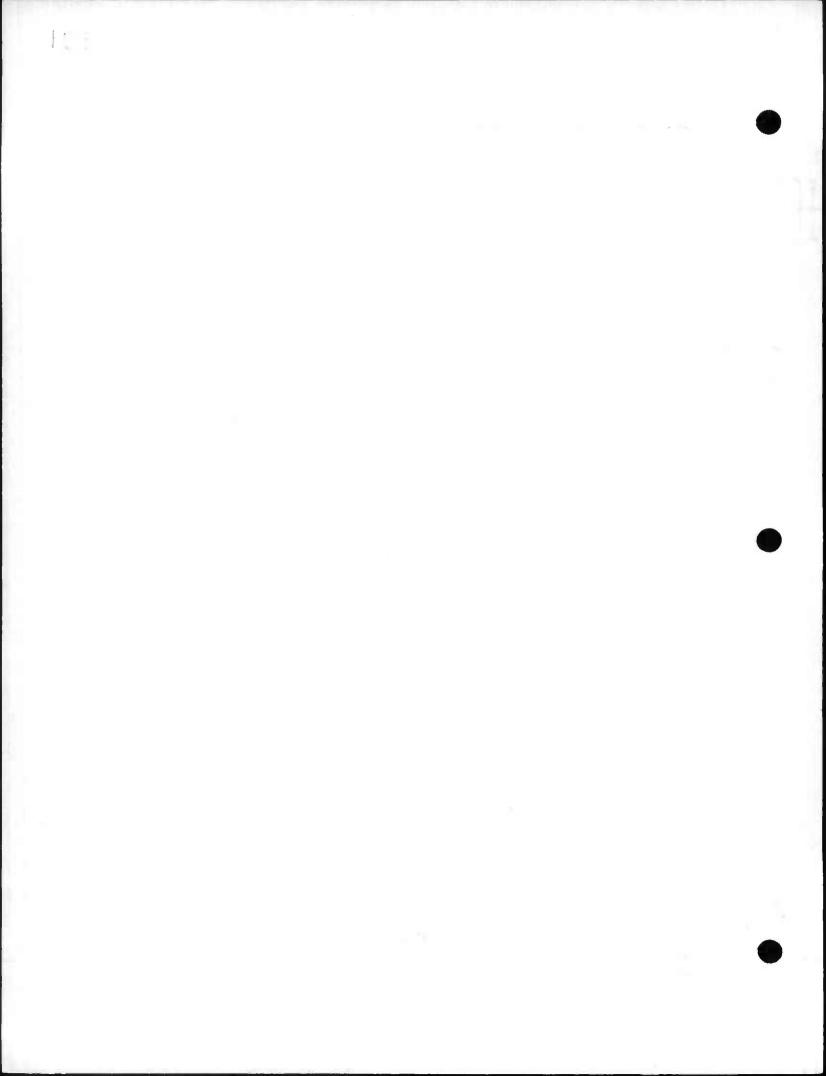
		1 - FOR STATE REGISTRAR	STATE OF MARYLAI			OF DEA		ENTAL HYGIE! REG. NO			
		1. DECEDENT'S NAME (First, Middle, Lest) TILL ja	HAR	RIS				2. DATE OF DEATH		EAR	9:00 P
9		4. SOCIAL SECURITY NUMBER 215-82-1074	1 □ M 2 💢 F 2	yrs. lest birthday) 7 YRS.	IF UNDER 1 Y	EAR IF UNDE AYB HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 11-3-66	8.	Country)	TO. MD
2, 3 should	стов	9a. FACILITY NAME (If not institution, give st THE JOHNS HOPKI				TIMORE	ON OF DEAT		9c. COUNTY	OF DEAT	Н
	I III I	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	10c, CIT	Y, TOWH OR U	OCATION				10	d. INSIDE CITY
Pag.	DIR	MD			BALTI						LIMITS?
permit. Pages 1,	AL	10e. STREET AND NUMBER				101. ZIP COD	Œ		10g. CITIZEI		COUNTRY?
\$ 50		2819 BOARMAN AVE				212	215		П.9	S.A.	
21215-0020 of or attending physician. For use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 T Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 770	If ye		an, Maxican,	ORIGIN? (Specify Ye Puarto Rican, atc.)	en or No- 14	Black, Wi Specify:	American Indian, hite, etc.
	ETED	15. DECEDENT'S EDUC (Specify only highest grade		6a. DECEDENT'S (Give kind of life. Do NOT u	work done duri	IPATION ng most of work	ing	16b. KIND OF BU			THIBRIDIN
		Elementary/Secondary (0-12)	College (1-4 or 5+)								
MARYLAND retained by the hospita 5 should be detached in	COMPLI	17. FATHER'S NAME (First, Middle, Last)		UNKNO	WIN	18. MOT	HER'S NAMI	E (First, Middle, Maide	n Sumama)		
YL/	O O	JOSEPH L. HARRIS						S ROBINS			
MARYL retained by t 5 should be notified at	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S			ute Number, City or To		ode)	
	임	DELORES ROBINSON		2819	BOARMA	AN AVE.	BALT	IMORE, MD	21215		
ORE 6 may ector, pa	3	20a. METHOD OF DISPOSITION  1 XBurlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State / cemete	LACE AND DATE ery, cregnatory or of BUZUS M	OF DISPOSITIO	ON (Name of	8/4/9	OATE 20c. L	OCATION — CITY RBUTUS		State
ALTIM death. Page tuneral direct.		21. SIGNATURE OF FUNERAL SERVICE LIC		/ /	22. NAI	ME AND ADDRE	SS OF FACIL	LITY			
		( Jugin 1)	1. 8/4/D	/_	130	EP BRO	THERS W PLA	FUNERAL CE BALTO	. MD 2	.A. 1217	
hours at the py or remo		IMMEDIATE CAUSE (Final	List only one cause on eac	h line.		a mode of dy	ing, such	as cardiac or resp	piratory arres	t,	Approximata Interval Between Onset and Death
math t, t		disease or condition resulting in death)	a. DUE TO (OR AS A C	)oxia							days
P 20 2 2 20		_	Ph Im	ONSEQUENCE O	F):	fect	400				7
	0	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	F):						9
	CA	Sequantially list conditions, If arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The carry of the carry								?	
P.O. Entification of the other or other	ERTIFICATION	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	빙		d								
RDS, at the deal by the att and Menta y injury,	CAL	PART II. Other significant condition	s contributing to desth but	not resulting	in tha unde	rlying cause	givan in Pa	art I. 24a. WAS AI	N AUTOPSY PRMED?		RE AUTOPSY FINDINGS MLABLE PRIOR TO
	EDIC				_			1 □ YES	2 NO		MPLETION OF CAUSE DEATH?
RECO w requires the been signed to the Health	ME					_			1 TES 2 NO		
	AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O		YES 26. PLACE OF I	NO				
VITAL IAN: The law rifficate has re State Dep or Item 23	PHYSICI	EXAMINER?	HOSPITAL:	lent 3 00A	OTHER:						
11 品等。	Ŧ	27. MANNER OF GEATH	28a. DATE OF INJURY	28b. TIN	E OF 28	c. INJURY AT		Other (Specify)	INJURY OCCUP	RED	
NG PHYS ther this eath with	ВУ Р	1. Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  INJURY  WORK?  1 YES 2 NO		□ NO						
0 5 4 5		3 Suicide 6 Could not be	28s. PLACE OF INJURY — building, atc. (Specify	At home, term,	atreet, tectory,	office	- 1	28f. LOCATION (Street City or Town, State		Rural Route	Number,
VISI ATTEN ECTOR: s after 1 28 19	ETE	4 Homicide determined						-	,		
ERAL DO	DIMIPL		CIAN: To the best of my knowled R: On the basis of examination s								d manner as stated.
214	JS	296, SIGNATURE AND THE OF CENTIFIE					ENSE NUMB				onth, Day, Year)
5 5 3 W	BE	NOUS	M D			L	499	7	D 7	1/2	9/94
	10	30. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type	Print)	in It	spide	of Bal	H, mon	c, 1	10.
		31. DATE (G 0 3 1994)	32. REGISTRATE'S SIGNAT				<i>V</i>			,	



Item 1, 8-3-94, g-714, per F.H., dr

	_	1 - STATE REGISTRAR	STATE OF M		D / DEPAR Certif					AL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) SHANTAE DENT!	SE HARR	TC. S	Shante D	. Harr	is			TE OF DEATH	)" 19 <sup>3</sup>	FAR	TIME OF DEATH  1:51 A M
		4. SOCIAL SECURITY NUMBER	1		s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24		TE OF BIRTH			ACE (State or Foreign
		217-31-5564	1 M 2 X F	3	YRS.	MONTHS	DAYS	7	MIN. (Mc	onth, Day, Year) 2-21-9		Country) MD	The father of Fereign
should		9e. FACILITY NAME (If not institution, give a	street end number)			9b. CITY,	TOWN C	R LOCATION			9c, COUNT		Н
2,	СТОВ	3800 Franklin	Town Rd	•		Ва	lti	more					
A. Pro	DIREC	106. STATE 106. COUNT MD	Υ			Y, TOWN O	R LOCAT	ION					od. INSIDE CITY LIMITS? X YES 2 \( \text{NO} \) NO
The state of the s	ERAL	100. STREET AND NUMBER 845 DRUID PA	RK LAKE	DR.	APT I	)	101	2121	17			A.	T COUNTRY?
attending physician. se as the burial-tran	BY FUN	11. MARITAL STATUS 1X_XNever Married 2  Married 3  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA			- 11	yes, sp	city Cuben,	HISPANIC ORK Maxican, Puerl Specify:	GIN? (Specify Ye to Rican, etc.)	s or No — 14	Black, W Specify: I	American Indian, thite, etc. BLACK
by the hospital or be detached for u at once.	TO BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A			n. DECEDENT'S (Give kind of life. Do NOT u	work done d se retired.)	CUPATIO uring mo	ON st of working	1	6b. KIND OF BU	SINESS/INDUS	STRY	
		N/A  17. FATHER'S NAME (First, Mickille, Lost)  JOSEPH HARRIS							R'S NAME (Firs RNTREI	I, Middle, Meider	Surname) IFFIN		
be retained to 5 should a notified		190. INFORMANT'S NAME (Type/Print) WENDELL GRI	FFIN		19b, MAILING 845			nd Number or PARK		imber, City or You E DR			ALTO, MD
Page 6 may be ral director, page		20st METHOD OF DISPOSITION  1 Burlel 2 Cremellon 3 Ram 4 Donellon 5 Other (Specify)	noval from Stata	20b. PLA cemeter K I	ACE AND DATE y, crematory or C NG M	of disposi other place) IEMOR			RK 84		NDALL		- California
death. Page 6 thoral directo		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			T			OF FACILITY	DAI KA	NDALL	DIOV	VIN / MD
A L 2 M - I		23. PART I. Enter the disease, or complicellone that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat,   Approximate											
executed within 24 nours after and completely filled in by the o burial, cremation, or removal matic event, the medical		23. PART I. Enter the disease, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Ha	on each	e deeth. Do line.	25	the mo	de of dying	3, such aa c	erdiac or resp	iratory srrea	it,	Approximata Interval Between Onset and Death
th certificate be executed by the certificate by th	CERTIFICATION	Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
and and and and and and and and and and	EDICAL (	PART II. Other significent conditions contributing to death but not resulting in the underlying cause							van in Part I.	24a. WAS AN PERFO	RMED?	AM CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
law rec as beer lept. of	AN: M	DID TOBACCO USE	CONTRIBUTE	TO CA	AUSE OF	DEAT			NO 🗆			1/	YES 2 NO
# # # # E	YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X X ES 2 NO	HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHER	1:	a 5 Resid	dence STA	one) ther (Specify)	In Pa	ırk	
State Property of the Property	ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Day	y, Year)	28b. Till IN	JURY M	28c. JNJ WO 1 🔲 '	RK?		ESCRIBE HOW	injury occu T BEA	RED	J
TTENDI TOR: A after d	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	rtc. (Specify)	At home, Jerm,		street, factory, office  281. LOCATION (Street and Number or Rural Route City or Town, Stete)				Number,		
対域に=	COMPLI	29a. CERTIFIER (Check only one)  2 X X EDICAL EXAMINI	ER: On the basic of su										nd mariner ee stated.
THE HOSPI THE FUNEF filed within	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R C					29¢. LICENS	SE NUMBER		29d, DATE S	GIGNED (M	onth, Day, Year)
E S S S	TO E	30. NA AND DD SEC PERSON WH	10 COMPLETED CAUSE	E OF DEATH	(ITEM 27) /3/m	Print)		O.C.	M.E.		JT.	LY	30.1994
	1	Ampix					eet	, Bal	Ltimo	ce, Ma	rylan	d 2	1201

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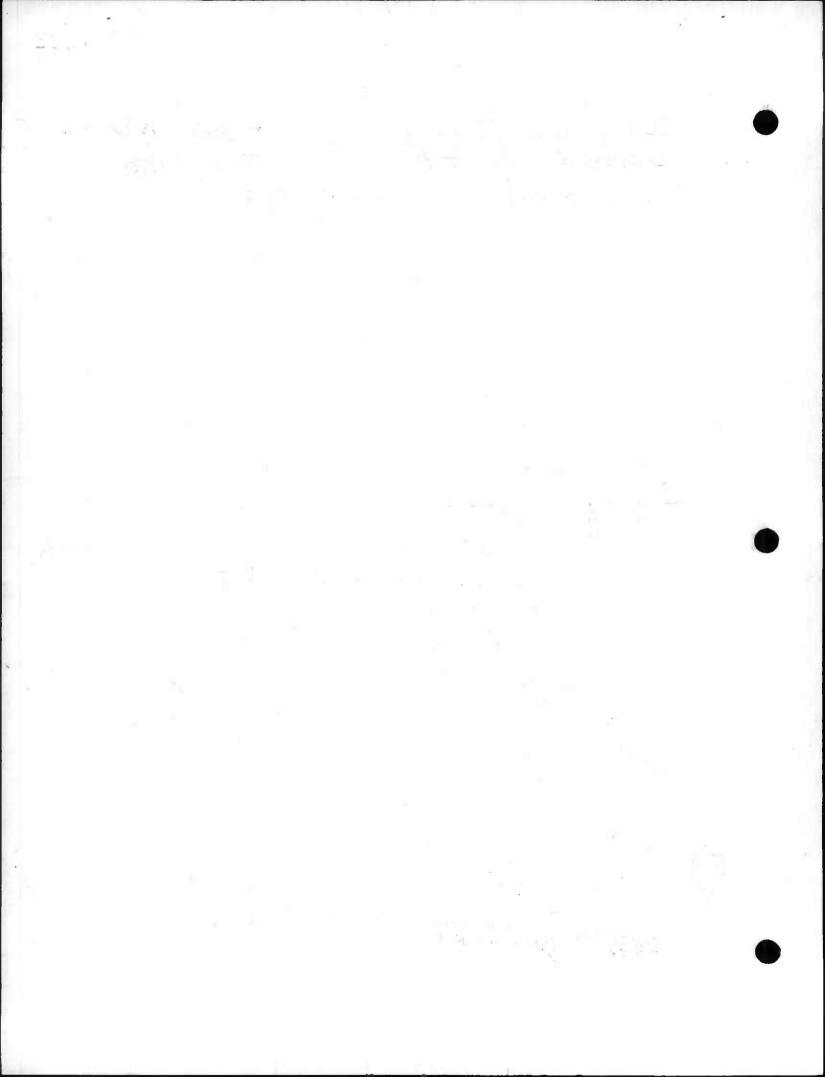


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DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.

_	1 - REGISTRAR		CERTIFI	CATE OF DEAT	H REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, L.	est)	3 40 50		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
	Josephi	De 11	inin		AUgust	2 1994	agara		
	4. SOCIAL SECURITY NUMBER	V	. AGE (in yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 2	48.4	B. BIRTHE	LACE (State or Foreign		
	220070895	1 D M 2 A F	74 YRS.	MONTHS DAYS HOURS	Tanvaru.	2019200	dumbarto		
	Se. FACILITY NAME (If not institution, g	ive street end number)		9b. CITY, TOWN OR LOCATIO		9c. COUNTY OF DE	outh Car		
ECTOR	Singi Hose	sital		Raltim	ore				
Ĕ	RESIDENCE OF DECEDIANT	1101		DATITION					
Œ 11	10a. STATE 10b. COL	YTAL	10c. CITY	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
□	MD		F	BALTIMORE			1 XYES 2 NO		
ERAL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?		
E	Inns Of Every	green Nurs	ing Home	212	15	USZ	A		
FUN	If MARINAL STATUS BELVE	day was DECEDENT	VER IN U.S. ARMED		HISPANIC ORIGIN? (Specify Y	es or No- 14. RACE	- American Indian,		
- 11	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR	YES 2 XNO		Mexican, Puerto Rican, etc.)	Black, Specify	White, etc.		
B	3 XWidowed 4 Divorced			, and a 200 miles	oprocity.	Specin	Black		
	15. DECEDENT'S (Specify only highest g	EDUCATION COMPANY	16a. DECEDENT'S L	ISUAL OCCUPATION	16b. KIND OF B	USINESS/INDUSTRY	Black		
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of working retired.)					
릴	12th		Homem	aker	n/a	1			
COMP	17. FATHER'S NAME (First, Middle, Last)			18. MOTH	ER'S NAME (First, Middle, Meide	n Surneme)			
	George M. Mo	ore Sr		т.	obinos Holl	ide Ouder	L		
@	19e, INFORMANT'S NAME (Type/Print)	WIE I	19b. MAILING	ADDRESS (Street and Number of	atinas Hall or Rural Route Number, City or 16	wn State Zin Code)	<u> </u>		
2	Barbara McCut	cheon		Dolfield			1215		
i	20e. METHOO OF DISPOSITION	Cheon	20b. PLACE AND DATE OF			OCATION — City or Tow			
	1 Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	cemetery, crematory or oth	ner place)	8/04/94 A	•			
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSBE	Arbutus	Cemetery 22. NAME AND ADDRESS		IDULUS M	aryrand		
	XODALI (		++-	LEROY O.	DYETT & SO	N FUNERA	L HOME.		
	CAROLL	1. 1110	И	ACOO TIL		-	to. Md.		
	23. PART I. Enter the diseases, shock, or lieurt fallu	or complications that c	aused the deeth. Do no	ot enter the mode of dyin	g, auch as cardiec or res	piratory arrest	Approximate		
	IMMEDIATE CAUSE (Final	ire. List oply one cause	on each line.			21207	Onsat and Da		
	disease or condition	5	PPCT				lunt		
	resulting in death)	DUE TO (OF	R AS A CONSEQUENCE OF		1 1		IWN		
- II		- (pro)	minisci	lar Acc	idont		j		
RTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO (OI	R AS A CONSEQUENCE OF	: ,	TO CVA				
3	cause. Enter UNDERLYING	COF F	tuperter	nsion.					
Ĕ	CAUSE (Disesse or injury thet initiated events								
토	reaulting in death) LAST	al DIZ	ibetes !	Mellitins					
B	DART II Och I III	Name and the							
CAL	PART II. Other significant condi				ven in Part I. 24a. WAS A		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO		
5 II	Congest		irt tall		1 _ YES	2 40	COMPLETION OF CAUS OF DEATH?		
WE	Chroni	c Rena	1 Failur	2		· · ·	1   YES 2   NO		
	DID TOBACCO USE	CONTRIBUTE	TO CAUSE OF	DEATH YES	NO 🗆				
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PLACE OF DE	ATH (Check only one)				
S	1 TYES 2 NO	HOSPITAL:		OTHER: 4  Nursing Home 5 Ras	idence 6 ( Other (Specify)				
⋛∥	27. MANNER OF DEATH	28e. DATE OF IN.	JURY 26b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED			
١ ۵	1 Natural 5 Pending	(Month, Day,	Year) INJU						
BY	Accident Investigation	28e. PLACE OF II	NJURY At home, ferm, at			t end Number or Rural Ro	oute Number		
	4 Homicide determine	building, etc	. (Specify)		City or Town, Stet		,		
<u> </u>	29e. CERTIFIER								
ఠ	(Check only				and due to the cause(s) and m				
ġ\	2 MEOICAL EXAM	AINER: On the basis of exam	ination end/or investigation	, in my opinion, death occure	d at the time, date end place,	and due to the cause(e)	end menner sa stated		
آ پي	296. SIGNATURE AND TITLE OF CERT	MER		29c. LICEN	ISE NUMBER	29d. DATE SIGNEO	(Month, Day, Year)		
-	Level, hube	U MOS		4520	+023219195	2 2 Au	gistigen		
F	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,		1	as - will	NSI LLI		
	Pearl wher	- m.n .S.1	Ru Hosa	tal Rult	more.				
10.		I' I do V II (	DVAJ- H		17-11/11				
	31. DATE FILED (MYOND DIE)	A REGISTRAR'S	SIGNATURE						



	1 - STATE REGISTRAR	SIAIE OF MA	CE	RTIF	ICATI	E OF	DEAT	ANU I	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las	Murdo (AKA	Murdach			TURDO			2. DATE MONTH	OF DEATH	DAY C	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 056-14-3639	5. SEX 1 M 2 D F	AGE (In yrs. last	birthday) YRS.	IF UNDER	7	IF UNDER	24 HRS.	(Month	OF BIRTH Day, Year)	01	8. BIRTI	
OR	90. FACILITY NAME (If not institution, give HOWARD COUNTY GE		ITAL		9b. CITY	-	R LOCATION					OWARI	DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN			10c. CIT		OR LOCATI							10d. INSIDE CITY LIMITS?
	10a, STREET AND NUMBER	WARD			<u>u</u>	)LUME	ZIP CODE				10g. CIT	IZEN OF V	1 YES 2 NO
FUNERAL	5400 VANTAGE PC	INT RD.	VER IN U.S. ARM	IED	142	WAS DECS	2104					USA	
B₹	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	S? 1 TYES 2 NO GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexicen, 1 ☐ YES 2 X NO Specify:			n, Puerto R	, Puerto Rican, etc.)			E — American Indian, k, White, etc. #y:
COMPLETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  FINANCIAL EXECUTIVE CALTEX PE						M CORP.				
BE CON	17. FATHER'S NAME (First, Middle, Last)  JAMES MacIVER						18. MOTH	RGE		tiddle, Meider			
10	JAMES M. MacIVER	(SON)								er, City or Tow BIA,		210 <sup>4</sup>	45
	JAMES M. MacIVER (SON) 6370 WIND HARP WAY, COLUMBIA, MD. 21045  20s. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other place) FAIRLAWN CEMETERY  8/6/94 RIDGEFIELD, CONN.												
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  5555 TWIN KNOLLS RD. COLUMBIA, MD. 210  LEROY & RUSSELL WITZKE FUNERAL HOME							MD. 21045					
	23. PART I. Enter the diseases, or shock, or heart fallure	complications that c	on each line	th. Do n	ot entar	the mod	a of dyle	ng, sucl	h as csrd	lac or resp	iratory sr	rest,	Approximats
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. DUF TO (OR AS A CONSEQUENCE OR):  Approximate Interval Between Onset and Death												
NOI	Sequentially list conditions, if any, laading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	C. DUE TO (OF	DUE TO (OR AS A CONSEQUENCE OF):							,			
	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL		ath out not res	Pi					PERFO	PERFORMED?  YES 2 NO OF C		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	or was core arrespond to transco												
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  ONO  1  Inpetient 2  ER/Outpetient 3  DOA  4  Nursing Home 5  Residence 6  Other (Specify)												
Ě	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day,	URY	28b. TIME	OF	28c. INJU	RY AT	Idence		(Specify)	NJURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation		(ear)	INJ	M	1 N	ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home (Specify)	e, ferm, s	treet, fact	ory, affice			281. LOCA City o	TION (Street r Town, Stete,	and Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	SICIAN: To the best of my IER: On the basis of exam	knowledge, deati	h occurre	d at the ti	me, date e pinion, de	end place, oth occure	end due	to the caus	e(a) end ma	nner sa sta	led. ne cause(e	) and manner ee stated.
H C	29b. SIGNATURE AND TITLE OF CERTIFIE	ER					29c. LICE	NSE NUM	~	0		/ 6 /	(Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON W	HO COMBI ETER CAUSE	S DEATH COL	07D (7	Delete	$\perp$	14	50,	10	8	▶ 8	W	10
	11055 49	Colu	nsia		م ط	2	10	4	+				
31. DATE FILEAM G OF 1991 1994 32. REGISTRANO SIGNATURE													

100

BALTIMORE, MARYLAND 212/5-0020 urs after death. Page 6 may be retained by the hospital or attending FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as a not removal. The nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ermit. Pages 1, 2, 3 should

MTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPOBANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

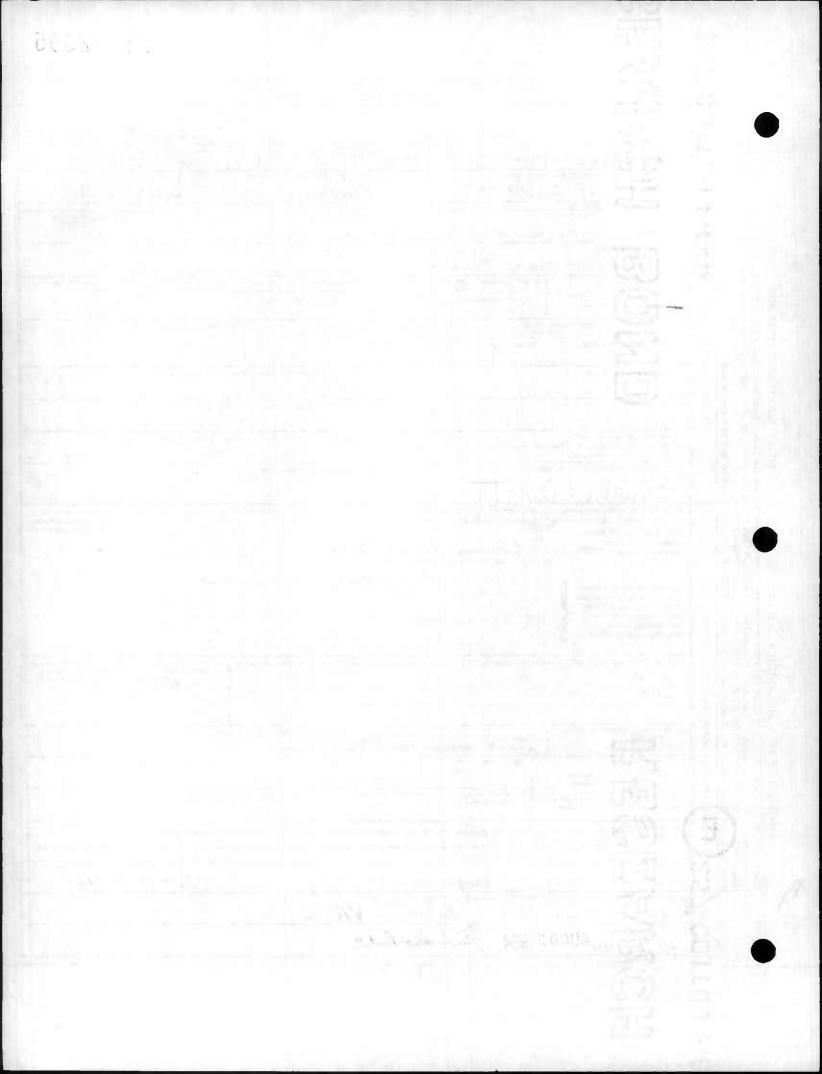
DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	T. If item 28 is marked, or item 23
al.	h 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 72 hours after death with the State Dept.
e funeral director, page 5 should be detache	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	ERAL DIRECTOR: After this certificate has b
r death. Page 6 may be retained by the hosp	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the host	SPITAL OR ATTENDING PHYSICIAN: The law

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM L	. JO	NES					4.0	TIME OF DEA	Атн А м
	4. SOCIAL SECURITY NUMBER 216-14-7219	5. SEX 6. AGE (A		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-11-0		Country)	CE (State or F	Foreign
ron	9a. FACILITY NAME (If not institution, give str 1701 EUTAW PLA				R LOCATION OF DE		9c. COUNTY	OF DEATH	1	
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY, TO BAL	OWN OR LOCAT	ON			191	I. INSIDE CIT	
FUNERAL	100. STREET AND NUMBER 1701 EUTAW I	PLACE		101	ZIP CODE 21217		10g. CITIZEN	OF WHAT		
BY	11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	U.S. ARMED 2 NO TES	If yes, spi		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) UNKNOWN	Cation completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during mo: ired.)	t of working	16b. KIND OF BU	SINESS/INDUST			_
	17. FATHER'S NAME (First, Middle, Last)	TONES.	CAB ]	18. MOTHER'S NAME (First, Middle, Malden Surname)						
BE (	WILLIAM A. J  19a. INFORMANT'S NAME (Type/Print)	JONES	19b. MAILINO ADI	ORESS (Street a	BLANC	HE EDNA  Route Number, City or Tov		IETT		
2	EDNA JONES		1917	EUTAV	PLACE	BALTO,	MD 212	217		
	20s. METHOD OF DISPOSITION  M Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, crematory or other place)  GARRISON FOREST VET 8394 OWINGS MILLS, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
	21. SIGNATURE OF FUNERAL SERVICE LICE  Auditor	x & W	and In			-WEST 43	OO WAE	BASH	AVE	
	IMMEDIATE CAUSE (Fine)	e. Arteriosc	ich iine.						Approximinterval E Onset an	Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
MEDICAL CE	PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24e. WAS AN AUTOPSY PERFORMED?  1 — YES 2X Neo OF D							RE AUTOPSY I ILABLE PRIOF IPLETION DF DEATH?	CAUSE	
AN:	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE OF D							
PHYSICIAN:	EXAMINER?	HOSPITAL:	etlant 3 DOA 4	HER:	ACE OF DEATH (Chi	6 Other (Specify)				
	27. MANNER OF DEATH  1X Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO		28d. DESCRIBE HOW	INJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	t, factory, office	ES 2 NO	et and Number or Rural Route Number, ite)						
COMPLET		CIAN: To the beat of my knowledge. On the basis of examination						use(s) and	l manner as	atated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 //			29c. LICENSE NUM	IBER	29d, DATE SI			
TO B	30. NAME AND ADDRESS OF PERSON WHO	Unight MO		d)	O.C.M.	E	] JUL	Y 29	,199	4
	Donald G. Wrigh	ht M.D.	111 Pe	•	reet, B	altimore	, Mar	ylar	nd 21	201
	AUG 0 3 1994	A REGISTRAR GAIGN	14							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be fine, within 22 hours, after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTABLE It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA	OR ATTENDING PHYSICIAN: The	DIRECTOR: After this certificate It	tem 28 is marked, or item
J	TO THE HOSPITAL	TO THE FUNERAL I	IMPORTABLE IL II

FOR 1 . STATE	STATE OF MARY		MENT OF HEALTH AN	ID MENTAL	HYGIENE		
REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	1			HONTH		YEAR	3. TIME OF DEATH
Thomas	L Jackson			0	8 0	94	2 pin
4. SOCIAL SECURITY NUMBER 219 12 9586			F UNDER 1 YEAR F UNDER 24 H NONTHS DAYS HOURS MI		Day, Year) 20		antia Ga
90. FACILITY NAME (If not institution, give	street egd number)		Baltmace	OF DEATH	9c. CO	UNTY OF	
RESIDENCE OF DECEDENT				7		211110	
MD 8a	Externor Cit	y Bal	town on LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
3510 LYNNE	Harren Nigh	0 4510	101. ZIP CODE	11	10g. Cl	TIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	TRUCK DIV	2 4-710	dide	17		03	
1 MARITAL STATUS  1 Never Married 2 Married  2 Divorced	12. WAS DECEDENT EVER FORCES? 1 TY YES IF YES, GIVE WAR OR	8 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Market of Market o				
15. DECEDENT'S ED (Specify only highest grad	de completed)		rk done during most of working	16b.	KIND OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	mainte		Sı	permark	et(I	Pantry Pr
7th		mainte					1
17. FATHER'S NAME (First, Middle, Last)					liddle, Maiden Surneme)		
William Jack	son		Essi				
19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street end Number or F				
Columbus Jack	son	3510	Lynne Haven	Dr.Ba	alto. Md		21244
20e. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Rec		0b. PLACE AND DATE OF emetery, crematory or other		DATE	20c. LOCATION -	- City or T	own, State
4 Donation 8 Dother (Specify)		Garrison		. 8/4/	/94 Owin	gs 1	Mills, Mo
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		22. NAME AND ADDRESS O			TINITY	TAL HOME
MODIAT / ) I	1. ++						
23. PART I Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)			4600 Libe	rty Ho	ac or respiratory a	Ba	Ito. Md.
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Chronic  DUE TO (OR AS  D. CANGER  DUE TO (OR AS		4600 Libert anter the mode of dying,  Failure  Cystic Kidney	rty Ho	ghts Ave	Ba	120 Md.
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Chronic  DUE TO (OR AS  D. CANGER  DUE TO (OR AS	Renal B A CONSEQUENCE OF:	4600 Libert anter the mode of dying,  Failure  Cystic Kidney	rty Ho	ghts Ave	Ba	120 Md. 120 Approximate Interval Betwee Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Chronic  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	Renal B A CONSEQUENCE OF: B A CONSEQUENCE OF: B A CONSEQUENCE OF:	4600 Libe tanter the mode of dying,  Failure  Cystic Kidney	euch aa cardi	ghts Ave	Ba:	120 Md. 120 Approximate Interval Betwee Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Chronic  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	Renal B A CONSEQUENCE OF: B A CONSEQUENCE OF: B A CONSEQUENCE OF:	4600 Libe tanter the mode of dying,  Failure  Cystic Kidney	euch aa cardi	ac or reapiratory a according to the second	Ba:	1 2 D Approximate interval Betwee Onset and Da Sin U birt
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of th	a. Chronic DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d	Renal B A CONSEQUENCE OF: B A CONSEQUENCE OF: B A CONSEQUENCE OF: B but not resulting in	4600 Libert anter the mode of dying,  Failure  Cystic Kidney  the underlying cause give	dusion in Part I.	24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Ba:	1 2 D Approximate interval Betwee Onset and Da Sin U birt
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions of th	a. Chronic  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	E Renal B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in	4600 Libe tanter the mode of dying,  Failure  Cystic Kidney  the underlying cause give	dusian In Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Ba:	1 2 D Approximate interval Betwee Onset and Da Sin U birt
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition of	a. Chroric  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d	Renal  B A CONSEQUENCE OF:  B A CONSEQUENCE OF:  B A CONSEQUENCE OF:  B Dut not resulting in	4600 Libe t anter the mode of dying,  Failure  Cystic Kidney  the underlying cause give  28. PLACE OF DEATH OF 28c. INJURY AT	such as cardi	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Ba:	1 2 D Approximate interval Betwee Onset and Da Sin U birt
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the conditions of th	a. Chrorico DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	Renal  B A CONSEQUENCE OF:  B A CONSEQUENCE OF:  B A CONSEQUENCE OF:  B Dut not resulting in	4600 Libe t anter the mode of dying,  Failure  Cystic Kidney  the underlying cause give  28. PLACE OF DEATH OF 28c. INJURY AT	such as cardi	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Ba:	1 2 D Approximate interval Betwee Onset and Da Sin U birt
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition of	a. Chrorico DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DOB CONTributing to death  HOSPITAL: This in the contributing to death  28e. DATE OF INJUR (Month, Day, War) 28e. PLACE OF INJUR 28e. PLACE OF INJUR	ELMAR B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in  utpatient 3 DOA A Y 28b. TIME INJUI  RY — At home, farm, str	28. PLACE OF DEATH TOTHER:  28. PLACE OF DEATH WORK?  1   YES 2   NO	such as cardi	24e. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO  (Specify)  CRIBE HOW INJURY OF	Ba:	1 to . Md .  1 2 D Approximate interval Between Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition of the condition of	a. Chroinic DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS)	ELMAR B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in  utpatient 3 DOA A Y 28b. TIME INJUI  RY — At home, farm, str	28. PLACE OF DEATH TOTHER:  28. PLACE OF DEATH WORK?  1   YES 2   NO	such as cardi	24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO  (Specify) CRIBE HOW INJURY OF	Ba:	1 to . Md .  1 2 D Approximate interval Between Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent condition of the condition of	a. Chrorico DUE TO (OR AS b. Chrorico DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. DATE OF INJUR (Month, Dey, West) 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR	ELMAR B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in  utpatient 3 DOA A Y 28b. Time inJul  RY — At home, farm, streedty)	28. PLACE OF DEATH TOTHER:  28. PLACE OF DEATH WORK?  1   YES 2   NO	such as cardi	24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  (Specify)  CRIBE HOW INJURY OF TOWN, Stete)	Ba: rreat, 2:	1 to . Md .  1 2 D Approximate interval Between Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition of	a. Chroinic  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DOING CONTRIBUTION TO (MORE)  PLACE OF INJURE (Month, Day, Ver)  28e. PLACE OF INJURE (SCIAN: To the best of my known or contribution)	ELMAR B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in  utpatient 3 DOA A Y 28b. TIME INJUI  RY — At home, farm, stroectly)	28. PLACE OF DEATH OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside OFF Normaling Home 5   Reside	such as cardi	24e. WAS AN AUTOPSY PENFORMED?  1 YES 2 NO  (Specify)  CRIBE HOW INJURY OF TOWN, Stefe)	Ba : rreat, 2 : rreat,	1 to . Md .  1 2 D Approximate Interval Betwee Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent condition of the condition of	a. Chrorico DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR	ELMAR B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B but not resulting in  utpatient 3 DOA A Y 28b. TIME INJUI  RY — At home, farm, stroectly)	the underlying cause give  28. PLACE OF DEATH COTHER:   Nursing Home 5   Reside OF   28c. INJURY AT   WORK?   M   YES 2   No eet, factory, office  at the time, date end place, end in my opinion, death occurred a	such as cardi	24e. WAS AN AUTOPS: PERFORMED?  1 YES 2 NO  (Specify) CRIBE HOW INJURY OF FOWN, Stete)	Ba: rreat, 2:	1 2 D Approximate Interval Betwee Onset and Da Paper Stand Da Pape
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions and the conditions of t	a. Chronic  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d.	ELMAR B A CONSEQUENCE OF): B A CONSEQUENCE OF): B A CONSEQUENCE OF): B DUT NOT resulting in B DOA THE B HULL B THE THE THE THE THE THE THE THE THE THE	26. PLACE OF DEATH THE REST NOT HERE:  Normaling Home 5   Reside OF REST NOT AT WORK?  MY   1   YES 2   NO weet, fectory, office	such as cardi	24e. WAS AN AUTOPS: PERFORMED?  1 YES 2 NO  (Specify) CRIBE HOW INJURY OF FOWN, Stete)	Ba: rreat, 2:	1 to . Md .  1 2 D Approximate Interval Betwee Onset and Da
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are under the conditions of the condition	a. Chronic  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d.  TO (OR AS  DUE TO	ELMAR  B A CONSEQUENCE OF):  B A CONSEQUENCE	28. PLACE OF DEATH  28. PLACE OF DEATH  29. Mursing Home 5   Reside  27. M   1   YES 2   NO  29. LICENSE	such as cardi	24e. WAS AN AUTOPS: PERFORMED?  1 YES 2 NO  (Specify) CRIBE HOW INJURY OF FOWN, Stete)	Ba: rreat, 2:	1 2 D Approximate Interval Betwee Onset and Da Paper Stand Da Pape
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are under the conditions of the condition	a. Chronic  DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d.  TO (OR AS  DUE TO	ELMAR  B A CONSEQUENCE OF):  B A CONSEQUENCE	the underlying cause give  26. PLACE OF DEATH  27. PLACE OF DEATH  28. INJURY AT  WORK?  M 1 YES 2 NO  at the time, date end place, enc.  In my opinion, death occured a	such as cardi	24e. WAS AN AUTOPS: PERFORMED?  1 YES 2 NO  (Specify) CRIBE HOW INJURY OF FOWN, Stete)	Ba: rreat, 2:	1 2 D Approximate Interval Betwee Onset and Da Paper Stand Da Pape



Item27,28d,Film714,8/11/94/per med ex.

Item4, FOR Film716, 10/4/94, 1tstate of Maryland / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 1994 NANCY 29 LORRAINE **JENSEN** JULY 17:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 35 DAYS <del>215</del> 50 - 3260 1 M 2000 F YRS. 03-23-59 MARYLAND should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Pages 1, 2, 3 DIRECTOR 9754 Summer Park CT COLUMBIA HOWARD 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD COLUMBIA 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9754 SUMMER PARK COURT 21046 funeral director, page 5 should be detached for use as the burial-transit U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ne-It yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 YES 1 Never Married 2 M Married FORCES? 1 YES 2 1 TES 2 NO Specify: В Specify: 3 Widowed 4 Divorced WHITE ETED. 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4± NASA AEROSPACE ENGINEER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) DR. AUTHUR S. JENSEN Ħ BETTY REED notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DR. WILLIAM A. BRUCE (HUSBAND) 9754 SUMMER PARK COURT COLUMBIA MARYLAND 21044 pe 20s. METHOD OF DISPOSITION
1 ◯ Suriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must EWING CEMETERY 4 Donation 5 Other (Specify) 08-04-94 TRENTON, NEW JERSEY examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND and completely filled in by the bunal, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fallure. List only one cause on sech line. Intarval Between IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition\_ Shot Wound Intra - Oral event, resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL any 1 X YES 2 NO OF DEATH? 1 YES 2 | NO has been : Dept. of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗆 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one, The certificate h Item **EXAMINER?** HOSPITAL: XXYES 2 NO OTHER: ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home XXRasidence 8 ☐ Other (Specify) the the 27. MANNER OF DEATH 28s. DATE OF INJURY 286. TIME OF INJURY marked, with t 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED M 1 Natural Shot SELF Subject -29-94 BY After 1 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 X Suicide 28e. PLACE OF INJURY — At home, farm. building, stc. (Specify) 60 street, tectory, office COMPLETED 6 Could not be DIRECTOR: 4 | Homicide 28 AT Home 9754 61 Them. HOSPITAL DR 29s. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
De filed within, 72 ho
IM TORTANT: IF IN 2X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. ▶JULY 30,1994 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID POWLER Mp111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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ttending physician.	e as the burial-transit per		
by the hospital or att	ely filled in by the funeral director, page 5 should be detached for use a		
may be retained	or, page 5 should		to he solifted
er death. Page 6	the funeral direct	val.	d assembas in
ithin 24 hours at	etely filled in by	emation, or remo	at the made
te be executed w	sician and comp	prior to burial, cr	ferrancello au
he death certifica	the attending phy	Mental Hygiene	minner or other
IAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of	s been signed by	ppt. of Health and	of about any
PHYSICIAN: The I.	this certificate ha	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	shoot or lead of
ATTENDING	CTOR: After	after death	20 le ma

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD		ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)  TRV N  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	I/ UE	: MICOW S	KI A	1.60.101	ond 195	10 Am	
	220–44–5581  9a. FACILITY NAME (If not institution, give s	1 × M 2 □ F 8	2 YRS.	MONTHS DAYS HOL	JRS MIN.	Month, Day, Year) AUGUST 22, 1	911 Ma	ATHPLACE (State or Foreign surfay)	
TOR	Good Samaritan Hospi			Baltimor		н	9c. COUNTY O		
DIRECTOR	Maryland Balt	timore		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 XX NO	
FUNERAL	100. STREET AND NUMBER  3 RUXVIEW COUNT	t		101. ZIP		10g. CITIZEN OF WNAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (A) YES IF YES, GIVE WAR OR DO	YES 2 NO If yes, specify Cuben, Man			ORIGIN? (Specify Yes Puerto Ricen, etc.)	ACE — American Indian, Hack, Whita, etc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Obstetrician/Gynecologist  Medical D						
BE COM	17. FATHER'S NAME (First, Middle, Last) Walter Klenkowski			18.	MOTHER'S NAME	(First, Middle, Maiden	Surname)		
10	19a. INFORMANT'S NAME (Type/Print)  Mary Louise Miller		4 Brie	ADDRESS (Street and No. Prleigh Ct T	imonium M	Maryland 21	093		
	20 METHOD OF DISPOSITION 1 Narial 2 Cremation 3 Rem 4 Opnation 5 Other (Specify) 21 SUNATURE OF FURTAL SERVICE L			F DISPOSITION (Name of the place) Py Memorial ( 22. NAME AND AD	Gardens	8/6 Luth	erville,	Maryland	
	Dennis Stephen	Xenakis	M00640	6500 You	rk Road Ba	chell-Wiede altimore, M	aryland 2		
	IMMEDIATE CAUSE (Final	a. CARO A C	sch line.					Approximats Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
SERTIF	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 ☑ NO  24b. WERE AUTOPSY PERFORMED?  1 □ YES 2 ☑ NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Oulp		26. PLACE OTHER: 4  Nursing Home 5	OF OEATH (Check				
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 26c, INJURY	AT 21	ed. DESCRIBE HOW I	NJURY OCCURED	)	
ETED B	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	INJURY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE		ER: On the best of my know						se(a) and manner ee stated.	
TO BE (	29b. SIGNATURE AND TATLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	mschB	ATH (ITEM 27) (See )	P-	LICENSE NUMBE	O S	PAUG	NED (Month, Day, Year) UST, 2nd 1974	
	AC QUALLEGY, GC	32. REGISTRAR'S SIGN	M HOSPIT		och ra	IEN BRU	evard	BACOMUNE 21254	
		32. REGISTRAR'S SIGN	Mally						

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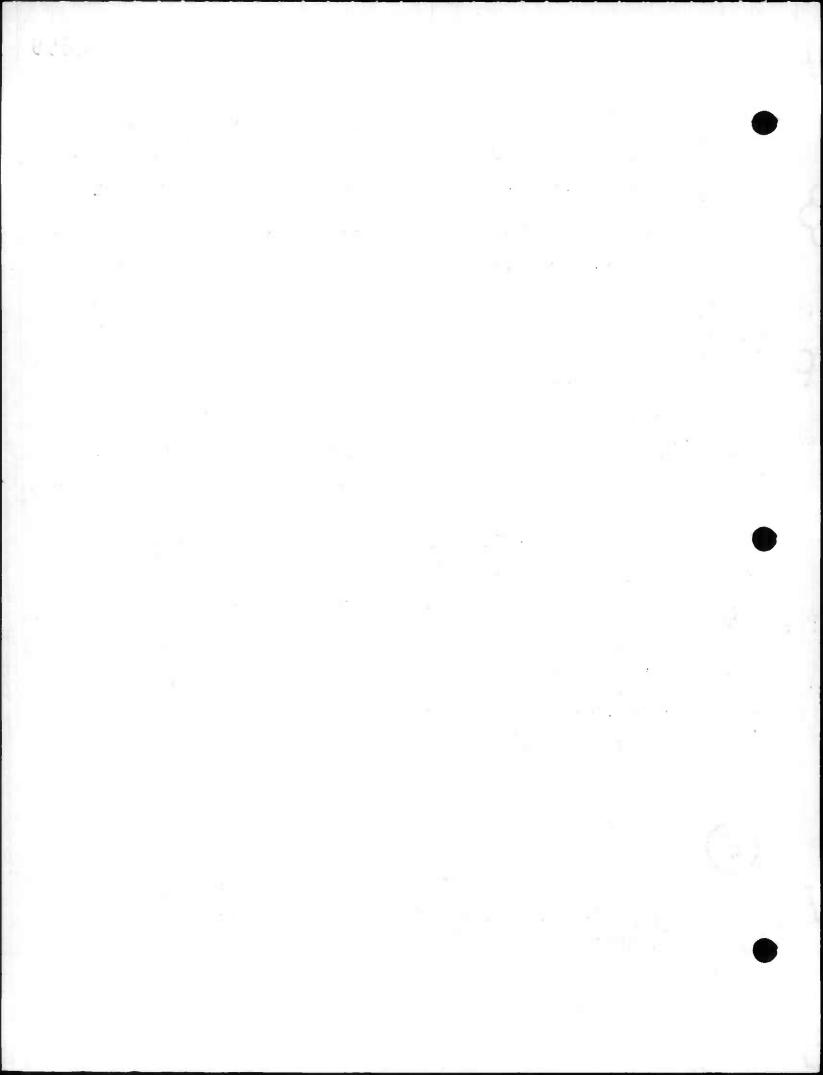
	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) DORIS EILEE	N KING				JULY 31,	"199 <b>4</b> "	3. TIME OF DEATH		
	215-18-8629	□ M 2 K F 78	YRS.	FUNDER t YEAR INTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mooth, Day, Year) 12-08-1	915	RTHPLACE (State or Foreign HOTAL AND		
TOR	9a. FACILITY NAME (If not institution, give street NORTH ARUNDEL H RESIDENCE OF DECEDENT		9		N BURNI		9c. COUNTY O ANNE	ARUNDEL		
DIRECTOR	10a. STATE 10b. COUNTY	E ARUNDEL		OWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 116 FIRST AVENU	E, W.		101	21061		U.S.	PF WHAT COUNTRY? A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	MO O	If yee, sp	ENDENT OF HISPAI noty Cuban, Mexica NO Specif	n, Puerto Rican, etc.)	ORIGIN? (Specify Yes or No— 14. RACE — American In Black, White, etc.)  Specify: WHI!			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 8 TH	OBCEDENT'S US (Give kind of work life. Do NOT use of CAFETER	k done during mo etired.)	st of working	1.2	AN JUNIOR HIGH				
BE COM	17. FATHER'S NAME (First, Middle, Last) HOWARD H.	RESAU			18. MOTHER'S NA	ME (First, Middle, Malden E R •		DICUM		
TO B	19a. INFORMANT'S NAME (Type/Print)  MISS MARY C. KING  19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)  116 FIRST AVENUE, W., GLEN BURNIE, MD.									
	20b. PLACE AND DATE OF DISPOSITION 1 Durise 2 Cremation 3 Removal from Stata 4 Donation 8 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Specify)  20b. PLACE AND DATE OF DATE OF DISPOSITION (Name of Specify)  20b. PLACE AND DATE OF									
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Henkin						NERAL HOME,		
	23. PART I. Enter the diseases, or com- ahock, or heart failura. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rospina	TORY	FAIL	UNE			Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  CHAPTE OF A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Manyyer  Manyyer  Manyyer									
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24e. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	NTRIBUTE TO CA	USE OF D		ACE OF DEATH (Ch					
rsic		OSPITAL: Inpatient 2 - ER/Outpatie		THER:		6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. DESCRIBE HOW II	NJURY OCCURED			
- 12	2 Accident investigation 3 Suicide 8 Could not be datarmined	28a, PLACE OF INJURY — building, etc. (Specify)	INJURY — At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED		N: To the best of my knowledg On the besis of examination an						se(a) and manner as stated.		
HA I	29b. SIGNATURE AND TITLE OF CERTIFIER	1-18	-		29c LICENSE NUI	HBER + 9 /	29d. DATE SIGN	NED (Month, Day, Year)		
0	NAME AND AD RESS F PERSO WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	int)	5 Fer	y Road	MD	21090		
	31. DATE FILED (Month, Day, Year)  AUG 0 3 1994 Julia	32. REGISTRAR'S SIGNATU				/				

DIVIS	DIVISION OF VITAL RECORDS, P.O. BOX 68/60.	BALTIMORE, MARYLANI
TO THE AUSPITAL OR ATTE	TO THE COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Thours after death. Page 6 may be retained by the hos	purs after death. Page 6 may be retained by the hos
TO THE FLAMERAL DIRECTOR	TO THE FLAVERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled to by the funeral director, page 5 should be detach by the things after death with the State Ders. of Health, and Mental Horisene ning to build company, or beneval	I've by the funeral director, page 5 should be detached be moved
IMPORTANT: II Jem 28	IMPERTANT: If Jem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		NENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  A. SOCIAL SECURITY NUMBER	A		LOWE				XEAR 1945 M	
	217-34-8223	t 🗆 M 2 🐼 F	84 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	March 22,	1910	BATHPLACE (State or Foreign Country) North Carolina	
OR	9a. FACILITY NAME (11 not institution, give str Northwest Hospita				or location of de	ATH	8c. COUNTY OF DEATH Baltimore		
딚	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			Y, TOWN OR LOCA	TION		10d. INSIDE CITY		
DIRECTOR	Md. Bal	timore	100. 011	Reist	erstown			LIMITS?  1 YES 2 NO	
FUNERAL	10. STREET AND NUMBER 516 Glen Granite Road			10	21136	10g. CITIZEN OF WHAT COUNTRY?			
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ves or N				4. RACE — American Indien, Black, White, atc. Specify: White.	
8	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDU		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mose retired.) 2MARET	st or working				
ĕ   o	17. FATHER'S NAME (First, Middle, Last)			3110410	18. MOTHER'S NAM	AE (First, Middle, Maiden	Surname)		
BE C	Edgar C. Andrew			Mary W	ilson				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street )		oute Number, City or Tow	n, State, Zip C	ode)	
=	Barbara M. Stange	た	516 (	Glen Gra	rite Road	Reiste	rstown	, Md. 21136	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		PLACE AND DATE betery, crematory or o	Momoria	Panh 8	DATE 20c. LO	timon	e Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	^	22. NAME A	ND ADDRESS OF FAC	11824 R	iston	stown Road	
	amb	Ulen	1	Eline	Funeral	Home Rei	sterst	town, Md. 21136	
	23. PART I. Enter the diseeses, or conduction of heart feilure. LIMMEDIATE CAUSE (Finel disease or condition	ist only one ceuse on e	ech line.	not enter the mo	de of dying, such	ss cardiac or respi			
CERTIFICATION	resulting in death)  Sequentisity liet conditione, if eny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	CONG	CONSEQUENCE O	THEA		man 8	) <i>YE</i>	556	
EDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  YMOCARDIA WES AN AUTOPSY FI  AMILABLE PRIOR COMPLETION OF O OF DEATH?								
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Che				
	27. MANNER OF DEATH  1 Netural 5 Pending	IE OF 28c. IN.	OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW			RED			
ED BY	2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Accident 6 Could not be determined 6 determined 7 Accident 8 Duriting M 1 YES 2 NO 8 1 YES 2 NO 9 288. PLACE OF INJURY — At home, Ierm, street, Iactory, office building, atc. (Specify) 9 City or Town, State) 9 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							r Rurel Route Number,	
COMPLET		HAN: To the best of my know						l. cause(s) and menner as stated.	
TO BE CO	296. AGNATURE AND TITLE OF CERTIFIER	EDICAL H	NOTE BY	FUER	29c. LICENSE NUM D 43c			SIGNED (Month, Day, Year)	
	AND CHETUN	COMPLETED CAUSE OF DE	1-	Print)	RANDAG	WOTON	MD		

July O' REGISTRAR'S SMATURE

31. DATE FILED (Month, Day, Year)
AUG 0 3 1994 July



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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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ALDR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attends	neral c	2 burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.
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		FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H		MENTAL HYGIEN		
	1	1. DECEDENT'S NAME (First, Middle, Last)	Lee			2. DATE OF DEATH	7 199	3. TIME OF DEATH  5.25 PM
9		1. SOCIAL SECURITY NUMBER 212-76-9724	5. SEX 1 M 2 F 6. AGE (In yrs. les	YRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Marith, Day, Year)		BIRTHPLACE (State or Foreign Country)
2, 3 should	OR	beth Manual of Institution, give s	reet and number)	96. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY	OF DEATH
₩.	DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?  1 YES 2 NO
sit permit	FUNERAL	104. STREET AND NUMBER	eistertown	Rd 101	ZIP CODE	5	10g. CITIZEN	OF WHAT COUNTRY?
1215-0020 r attending physician. use as the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. AP FORCES? 1 YES 2 II IF YES, GIVE WIR OR DATES	NO If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specific	NIC ORIGIN? (Specify Yeen, Puerto Ricen, etc.)	e or No.— 14.	RACE — American Indian, Black, White, etc. Specify:
21215-0020 If or attending physic for use as the burial	ED	15. DECEDENT'S EDU (Specify only highest grade	completed) (G	ECEDENT'S USUAL OCCUPATION  ive kind of work done during mo  . Do NOT use retired.)	ON st of working	16b. KIND OF BU	ISINESS/INDUS	TRY
LAND 2 the hospital detached to	COMPLET	Elementary/Secondary (0-12)  AT FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	unknow		AME (Fjirst, Middle, Maider	Secremel	
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.	BE	198 TINFORMANT'S NAME (Type/Print)	in Lee	b. MAILING ADDRESS, Street e	Ber	tha.	Act (	de)
	TO	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem	Lee L	AND DATE OF DISPOSITION /No	stertour	DATE 200.10	Salto OCATION - CHY	mel 2/2/5
ALTIMORE, death. Page 6 may be threral director, page 1.		4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	1006	melbry or other piece) S 22. NAME AP	ND ADDRESS OF FA		aton	sville, md
B after oy the moval.		29-PART I. Enter the diseesea, or o	complications that caused the de	eeth. Do not enter the mo	D Wa	the west	rue	, Approximata
£ 6 €		ahock, pr heart fellure.  IMMEDIATE CAUSE (Finel disease pr condition reaulting in daeth)	Tension P	neumoth	orax			Interval Between Onset and Peath
P 9 5 11 5	Z		Bilateral	Pheumoni	a			
D X	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSE	OUENCE OF):				
P.O. th certification of or off	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE					
t the od with a line	EDICAL	PART II. Other significent condition	a contributing to death but npt	resulting in the underlying	g cause given in	Part I. 24a, WAS APPERFO	RMED2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
AL RECOR e law requires that has been signed by Dept. of Health an	Σ							1 TES 2 NO
F VITA SICIAN: The certificate ha the State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 - ER/Outpetient 3	OTHER:	ACE OF DEATH (C)	6 Other (Specify)		
ON OF VI.  DING PHYSICIAN: After this certifica death with the St  marked, or it	ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	M 1 🗆 1	RK? /ES 2 NO	28d. DESCRIBE HOW		
DIVISION OF VITA OR ATTENDING PHYSICIAN: The PRECTOR: After this certificate in ours after death with the State D item 28 is marked, or item	ETED	3 Suicide 6 Could not be determined  29e, CERTIFIER	28e. PLACE OF INJURY — At he building, etc. (Specify)			28f. LOCATION (Street City or Town, Stete	)	Rural Route Number,
OSPITAL OSPITAL OSPITAL OSPITAL OSPITAL	COMPLET	(Check only	CIAN: To the best of my knowledge, de R: On the beele of examination end/or					Puse(e) and menner se stated.
6 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	TO BE	296. SIGNATURE AND TITLE OF CERTIFIED LONG. W.	ich III M.D.		DY13		> Jul	GNED (Month, Day, Year) y 27, 1994
1		30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE  OLICIA STRAINS SIGNATURE	1.D. 260	o Lib	erty He	ights	Ave 21216
		AUG 0 3 1994 7	TE HEGISTHAR'S SIGNATURE					

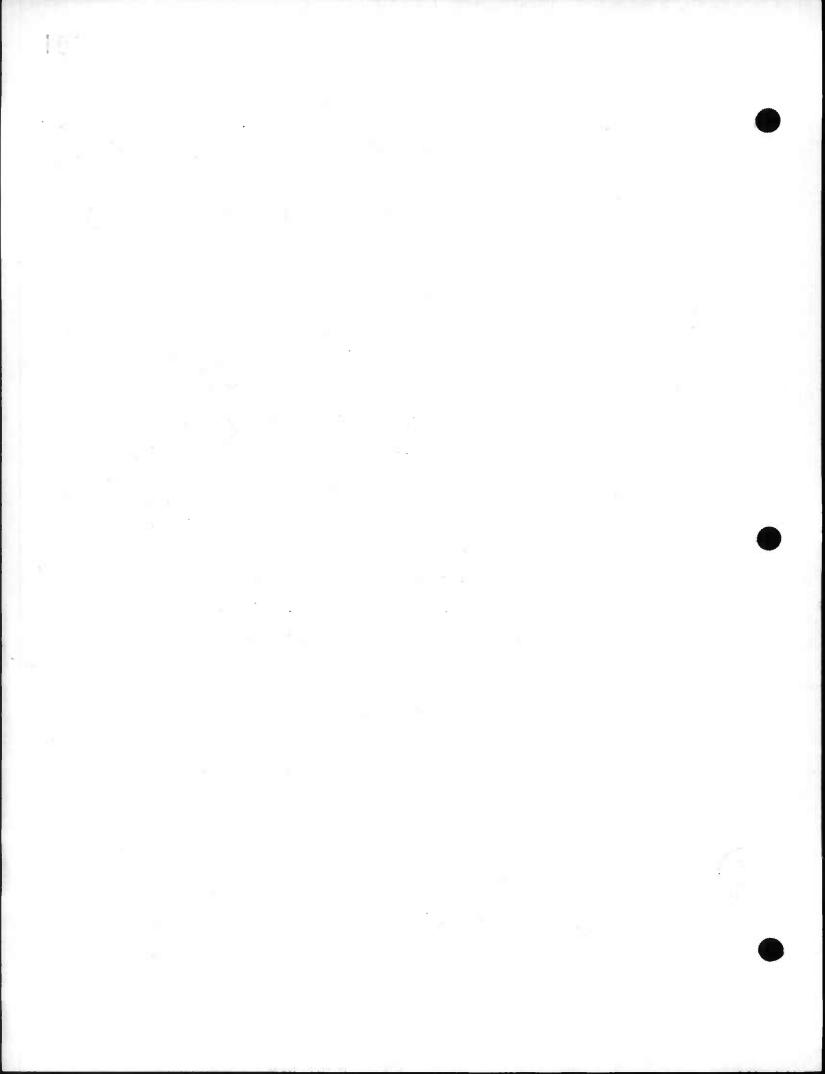
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within softward feath. Page 6 may be retained by the hospital or attending physician.

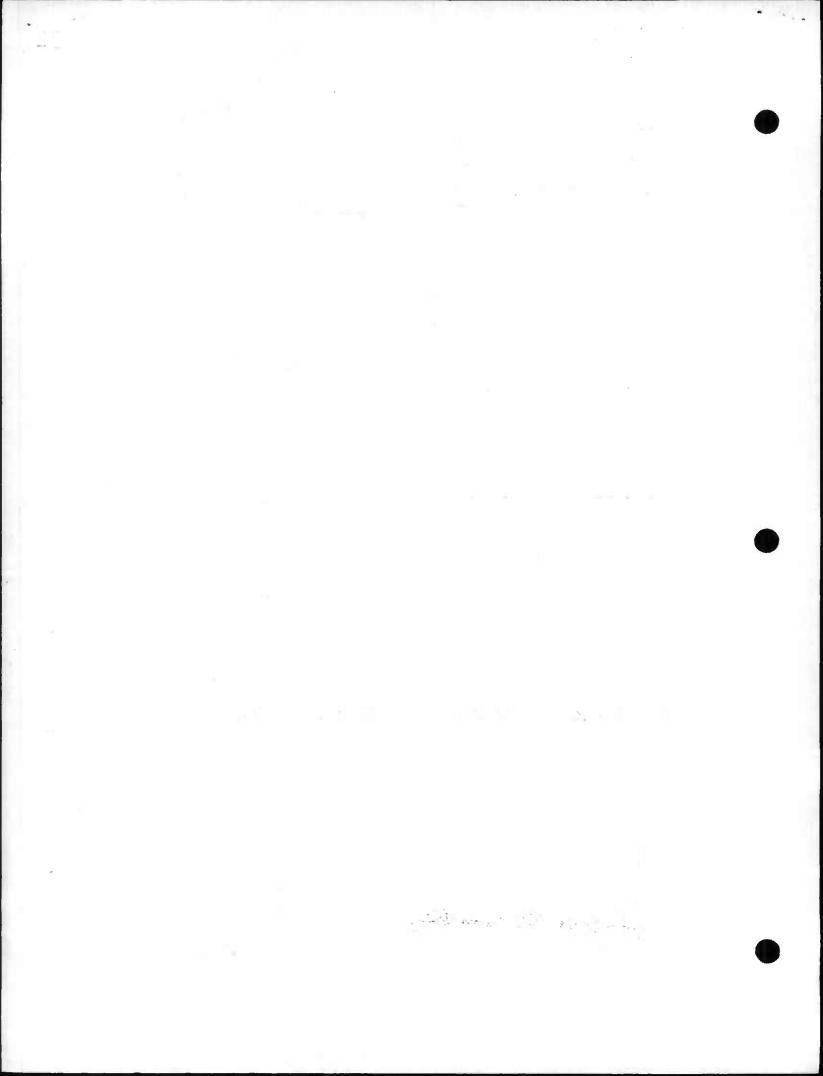
TO THE TON ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WERDERT T. Il item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH		
	ANNIE MAI	LOCKETT				08	0.2	YEAR	11:30 P M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	TH		HPLACE (State or Foreign		
1	218-80-2267	1 M 2 X F	81 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,		Coun	try)		
1	9a. FACILITY NAME (If not institution, give	Street and numbers		AL OUT!! TOWAR	OR LOCATION OF DE	5/15			st Virginia		
m	Pa. PAGETT NAME (II NOT INSTITUTION, GIVE	street and number)				ATH	9c. CO	UNTY OF	DEATH		
0	336 F. 21st S	Street		<b>Balti</b>	more						
DIRECTOR	10a. STATE 10b. COUNT		100 CITY	, TOWN OR LOCAT	101						
_ =	MD	•							10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			Baltimo				1 X YES 2 NO			
₹ I				101	ZIP CODE		10g. C	WHAT COUNTRY?			
Ä	336 E. 21st S	Street			21228	3		A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spi	city Yes or No-	No.— 14. RACE — American Indian, Black, White, atc.			
	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specify		etc.)	Spec	.,		
ВУ	3.4 Wildowed 4 Divorced				77				Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION Completed	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND	OF BUSINESS/II	NDUSTRY			
lii.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	(Give kind of work done during most of working life, Do NOT use retired.)							
교	-0-	-0-	HOMEM	IAKER		HO	USEKEE	PIN	3		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Middle	Maiden Surname	1			
EC	Jack Wright					a Gra		,			
00	19a, INFORMANT'S NAME (Type/Print)		105 MAN INC	ADDRESS (OF -1							
2	Rachel Lockett				nd Number or Rural I			,	0.1000		
					t Stree				21228		
	20a. METHOD OF DISPOSITION 150 Burlal 2 Cremation 3 Rem		netery, crematory or oti		me of	DATE	20c. LOCATION -				
	4 Donation 5 Other (Specify)	M		Ch. C	emetery	8/8/9			pham Co.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	-11-		ID ADDRESS OF FA			gini			
	> XX/INC	10.140	11						RAL HOME, 1		
	23. PART i. Enter the diseases or ahock, or heart failure.	No Oly	100	4600	Libert	y Hgh	S Ave	Ba	ito. Md.		
	ahock, or heart fallure.	List only one cause on e	d the death, Do neach line.	ot enter the mo	de of dying, auci	h aa cerdiec o	207	rreat,	Approximata interval Between		
	IMMEDIATE CAUSE (Final								Onset and Death		
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
z		CHRONIC	RENAL I	ENAL INSUFFICIENCY							
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF								
8	cause. Enter UNDERLYING TO TARETES MELITATIS HYDERTISTON										
Ē	that initiated events	CAUSE (Disease or injury c. 11FE 11 DIABETES MELLETIOS, RIPERTENSION									
CERTIFICATION	resulting in death) LAST	d INSULIN	RESTSTA	NCE (S	VNDROM	X)					
岁											
DICAL	PART II. Other algorificant condition	ns contributing to deeth b	out not reaulting in	n the underlyin	cause given in	Part I. 24a.	MAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS		
0	1								AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ш	1 □ YES 2 ¼ NO							OF DEATH?			
Σ	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH V	ES IT NO	· IX			1 TES 2 ANO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	TOTAL TO	CAUGE OF								
ᅙ	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
ΥS	1 YES 2X NO	1 Inpetient 2 ER/Outp	patient 3 DOA	4 - Nursing Hom	e 5 Residence	8 - Other (Spec	iffy)				
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day: Year)	28b. TIME			28d. DEŞCRIBE	HOW INJURY O	CCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Geral Near) NJURY WORK? 1 VES 2 NO									
0	3 Suicide 6 Could not be	6 Could not be 28e, PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,							Route Number,		
ш	4 Homicide determined					City or Town	F-300-6FT				
LET	29a. CERTIFIER	1014N 7- 4-1-1-1					and the same	Control			
M M		ICIAN: To the bast of my know							and the second second		
COMPL	2 MEDICAL EXAMINA	ER: On the basis of examinatio	n and/or investigation	n, in my opinion, d	eath occured at the	time, data and p	lace, and dua to	the cause(	a) and manner as stated.		
w.	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM	ABER	29d. D/	ATE SIGNE	D (Month, Day, Year)		
0	Derenn FNA	law MD		l	D25010	)	•	8/3/	/94		
유	0. NAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) (Type.	Print)							
	Serena R. Nola				-a 5g	1+imo	ro Ma	,	21234		
	31. DATERELETY AND AND AND AL	Watthanians ha	Wash.	TTOTA	nu., Do	LI CINO.	Le, Ma		71774		
	HUITU 31994	Manual Ma	Defined.								



	1 - STATE REGISTRAR	STATE OF MA				DEATH AND	MENTA	L HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last) WOODY	н.			LITI	LE	2. DATE MONT JUI			3. 24	9:59 I	
	4. SOCIAL SECURITY NUMBER		3. AGE (In yrs. lest bi	MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	0.	BIRTHPL Country)	ACE (State or Foreign	
1	216-36-1228	1 X M 2 D F	54	YRS.				-11-39		N.	N.C.	
H	Sa. FACILITY NAME (If not institution, give					OR LOCATION OF I			9c. COUNTY	OF OEA	ΓN	
CTO	ST AGNES HOSP			BALTIMORE CITY								
IR	10a. STATE 10b. COUNT			WN OR LOCA	TION			10d. INSIDE CIT LIMITS?				
ERAL DIF	MD  10e. STREET AND NUMBER		Balt:				XIX			XYES 2 NO		
				10	f. ZIP CODE		10g. CITIZEN OF V			AT COUNTRY?		
FUNE	136 S.Elwood Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A									SA - 14. RACE American Indian,		
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO		If yes, sp	ecify Cuben, Maxie 2 NO Spec	en, Puerto	Rican, etc.)	O NO	Black, V Specify:	Black	
8	15. DECEDENT'S EDI (Specify only highest grad		18a. DECEI	DENT'S USU	AL OCCUPATION	ON	166	b. KIND OF BU	SINESS/INDUS	TRY	DIACK	
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	done during mo red.)	ost of worlding						
	12th		Secui	rity			A	lcoho1	ic& Dr	ug R	ecovery	
8	17. FATNER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname					Surname)				
8	Norman Little  19a. INFORMANT'S NAME (Type/Print)			Mae Belle Lynch  AlLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
일	Tyler Little											
	20by METHOD OF DISPOSITION					St. Apt					(Alleri	
	1 Burial 2 Cremation 3 Ren	noval from Stale	cometery, cremate Arbutus	lory or other p	lace)		DAT		CATION — Cit			
М	21. SIGNATURE OF FUNERAL SERVICE 1	CENSEE	ALDULUS	. 1	22. NAME AI	ND ADDRESS OF F			onsvil			
: MEDICAL CERTIFICATION	· ( want	Q).	Om		Joseph 1913 V	n H. Bro W. Balti	wn Ji more	St. Ba	eral Hoalto.,	ome :	P.A. 21223	
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (O	DE CUM	ENCE OF):	Carl	iovaso	ala	r 0	Ben	e	Interval Setw Onset and D	
	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	d	PR AS A CONSEQUE									
	PART II. Other significent condition						n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AN CC OI	ERE AUTOPSY FINDI MILABLE PRIOR TO OMPLETION OF CAU F DEATH?	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	TO CAUSI	C OF L		LACE OF DEATH (C		ne)				
Sic	EXAMINER?  1  VES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆		HER:	ne 5 🗆 Residence						
РНУ	27. MANNER OF DEATN	28a. DATE OF IN (Month, Day,	IJURY 2	8b. TIME OF	28c. INJ	JURY AT	T	SCRIBE HOW I	NJURY OCCUP	RED		
BY I	Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO						
8	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, larm, street, fa building, stc. (Specify)						281. LOC City	CATION (Street a or Town, State)	and Number or	Rural Rout	le Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, death	occurred at	the time, data	and place, and du	e to the ce	use(s) and mer	nner as stated.			
ON	2 MEDICAL EXAMIN	ER: On the beals of axer	mination and/or inve	estigation, in	my optnion, d	lesth occured at th	e Jime, det	and place, an	d due to the c	euse(a) ai	nd manner as state	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R		***		29c. LICENSE NU					onth, Day, Year)	
TO B	111/1/2/	MA				O.C.M	1.E.		▶ J	ULY	27,199	
	30. N. ME A O DD ES OF SON WI	O COMPLETE CAUSE				treet,	Bal	timor	e, Ma	ryla	and 212	
	31. DATE FILED (Month, Day, Year) AUG 0 3 1894	122, REGISTRANT	S SIGNATURE									



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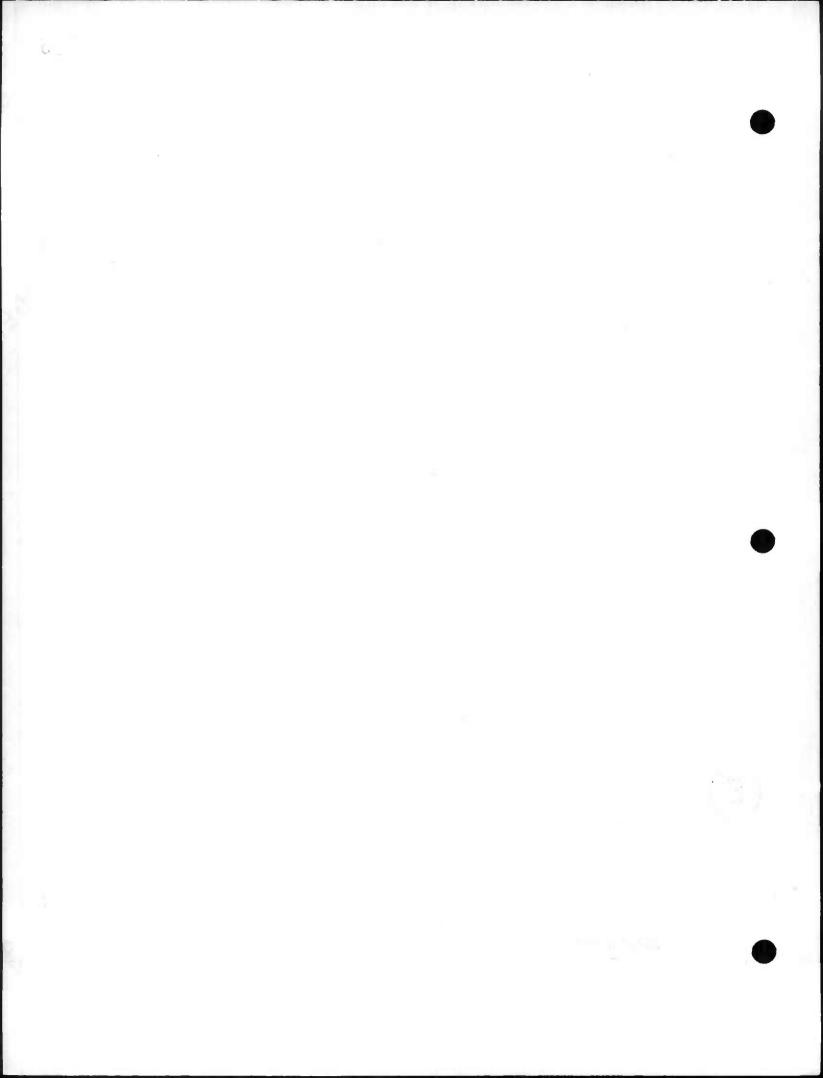
AUG 0 3 1994

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH DAY JULY 28, 1994 AR MARGARET ELLEN MISTER 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 69 218-12-8383 MONTHS DAYS 1 11-095-101924 MARYLAND 1 - M 2 - F for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 836 STEVENSON ROAD DIRECTOR ANNE ARUNDEL SEVERN RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE LIMITS MARYLAND N/A 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21230 1419 PATAPSCO STREET retained by the hospital or attending physician. 5 should be detached for use as the bunial-tran 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 4 NO Specify: 1 Never Married 2 Married ВҰ Specify: WHITE 3 🔯 Widowed 4 🗌 Divorced 9 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) OWN HOME 8 NONE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CARROLL REEDER MARGARET MARKELL 智 BE notified 19a, INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
836 STEVENSON ROAD, SEVERN, MD. 9 BILLIE JOHNSON ours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 8/1 1994 20c. LOCATION - City or Town, State must 1 XBurial 2 Cremation 3 Rer 4 Donation 5 Other (Specify) director, y or other plece)
HILL CEMETERY CEDAR BROOKLYN PARK, MD. examiner 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral SECOND AVENUE, S.W. in by the EN BURNTE, MARYLAND medical 23. PARO I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert feilure. List only one ceuse on each line. Interval Batween filled IMMEDIATE CAUSE (Finel Onset and Death cremation. the disesse or condition Cancel Auro dens concinena completely resulting in death) traumatic event, executed will OUE TO (OR AS A CONSEQUENCE OF) burfal, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If sny, lesding to immediate cause. Enter UNDERLYING physician other 1 CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST Mental the PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and and AVAILABLE PRIOR TO COMPLETION OF CAUSE any signed 1 TYES 2 NO Health OF DEATH? Shows NO 1 TYES 2 been 0 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO I Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The Item ertificate State OTHER: 1 - YES 2 1 NO ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 XRasidenca 8 ☐ Other (Specify) 0 the 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPLET F 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) TO THE HOSPITAL TO THE FUNERAL DE FILL WITHIN 72 H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, BE 9 CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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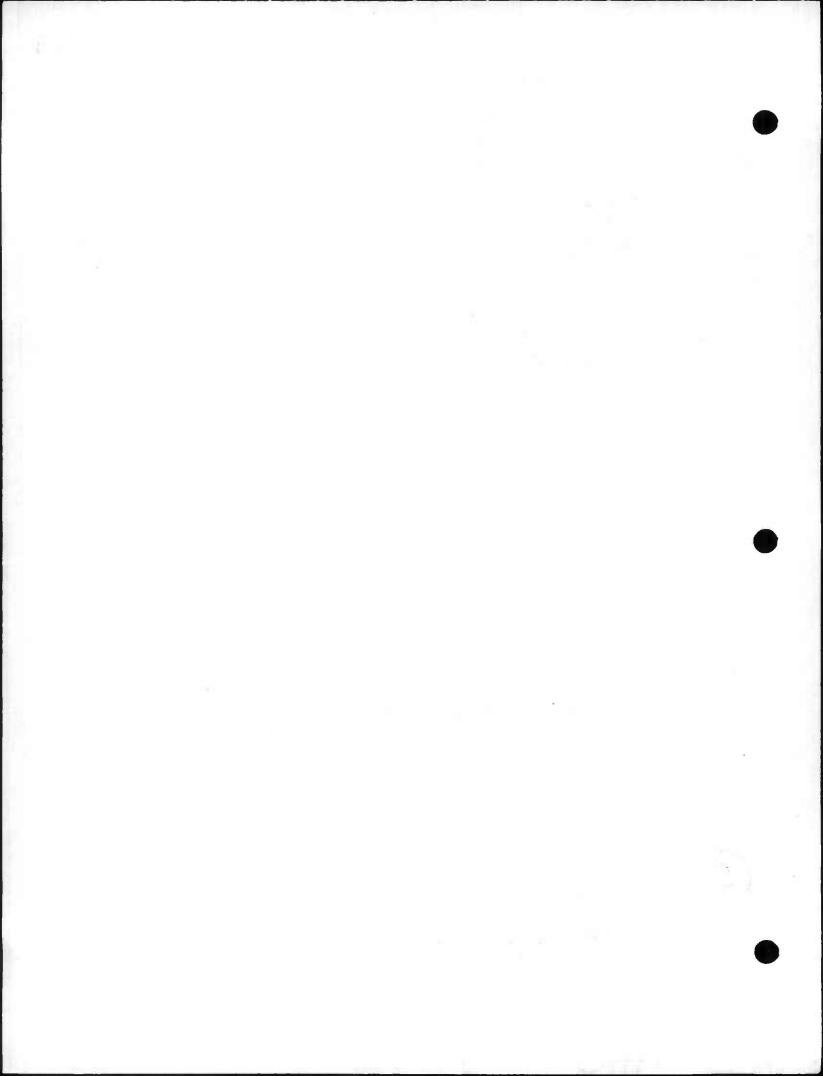
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

WHERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

A.A. T. If Hem 28 is marked, or Health and Jury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Christine	Middleto			2. DATE OF D			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTN	1.1	BIRTNPLACE (State or Foreign
	220-20-5981	MONTHS DAYS HOURS MIN. (Month, Day, Year)							N.C.
HOT:	2607 Seamon Ave			alto	· LOCATION OF DE			9C. COOK17	OF DEATH
DIRECTOR	106. STATE 106. COUNTY	,	BALTO	WN OR LOCATIO	ON				10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2607 SEAMON	AVE		1	ZIP CODE 21225			10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR D	X XNO	If yes, spec	NDENT OF NISPAN city Cuben, Mexica 2 X NO Specifi	n, Puerto Rican.	ecify Yes o	r No — 14.	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					O OF BUSIN	ESS/INDUST	
اڅ	8TH			· · · · · · · · · · · · · · · · · · ·					
BE CC	17. FATHER'S NAME (First, Middle, Last) FRANK AMBROSE 18. MOTNER'S AGNE					MON	ROE	223131	
٥	190. INFORMANT'S NAME (Type/Print)  LARRY HEATH		196. MAILING ADD	FRANK		Route Number, Ci			<sup>2</sup> 21223
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remote Donation 5 Other (Specify)		PLACE AND DATE OF DIS netery, crematory or other pi ARBUTUS	lacel	RIAL PK	0ATE		TION — City UTUS	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ADDRESS OF FA				
	23. PART I. Enter the diseases, or o	¿ Elmo		4300		sh Aven			
	shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Molo-	ach line.  Lotter of the consequence of:		l ell				Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Due TO (OR AS A CONSEQUENCE OF):  c. Due TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PERFORMED?  1   YES 2   NO OF DE								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	DID TOBACCO USE (	CONTRIBUTE TO	CAUSE OF DE	FATH YE	S I NO				1
A	25. WAS CASE REFERRED TO MEDICAL				CE OF DEATN (Ch		_		
ן ק	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		HER: Nursing Home	5 Desidence	6 Other (Spe	ectfy)		
PHYSICIAN:	27. MANNER OF OEATN	26e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOR		28d. DESCRIB	E NOW INJ	URY OCCUR	EO
5	1 Natural 5 Pending 2 Accident Investigation			M 1 1 Y	S 2 NO				
3	3 Suicide 6 Could not be 4 Nomicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							Rural Route Number,	
29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner se stated to the cause(s) end menner se									ouse(e) and manner se stated.
3	296. SIGNATURE AND TITLE OF CERTIFIER	3			29c. LICENSE NUI	MBER	1:	29d. DATE SI	PNED (Month, Day, Year)
)	Chill-				1227	82		> 9/	1/94
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	N K	401	Cont	00	- ( 1	
	31. DATE A UG 0 3 1994	32. REGISTRAR'S SIGN	ATURE Wall	<u> </u>	7114				



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DIVISION OF VITAL RECORDS, P.O.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH enry au adei 07 29 94 1:30 P M 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS **HOURS** 1 😿 M 2 🗌 F 213-12-6728 72 YRS. 11-07-22 West Virginia 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR St. Elizabeth Nursing Home Baltimore City 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1713 Wilkens Avenue 21223 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO 3 Widowed 4 PrDivorced Specify: Specify: White WWII & Korean COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 11 Painter Paint Contractor 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry P. MADERA Sr Pauline SHEETS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Henry P. Madera III 7 Hallbrook Ct, Baltimore, MD 20a. METHOD OF DISPOSITION
1 № Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Donation 5 - Other (Specify) Meadowridge Memorial Park 8/01 Elkridge, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 Wilkens Ave, Baltimore MD 21229 23. PART I. Enfar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition devocaremona of prostete resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner ee stated. 2 MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occurred at the time, data end place, and dua to the cause(a) and menner ea stated.

28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

296 SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADES OF DEATH (ITEM 27) (Type, Print)
LAURENCE GALLACER, K.D. 3455 WILLENS AVE, BALTO, MD.,

Julia Ohusedisen Repolutione

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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	217-32-8021 90. FACILITY NAME (If not institution, give	street and number)	(71) YRS.	ONTHS DAYS		FEB.	4,1926		MARYLAND	
TOR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  1 Oc. COUNTY OF DEATH  1 OC. COUNTY									
DIRECTO	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY , 10c. CITY, TOWN OR LOCATION								10d. INSIC	
FUNERAL	100. STREET AND NUMBER 913 N. CC	OLLINGTON AV	ENUE	-1	101. ZIP CODE 21205			UNITE	N OF WHAT COUN	
BY FUR	11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2 XXO Spec	an, Puerto	f7 (Specify Yes Rican, etc.)	or No- 14	4. RACE Americ Black, White, et Specify: BLA	
LETED	15. DECEDENT'S EDL (Specify only highest grade (Specify 0012) 12 TH	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use LABORE	rk done during r retired.)	TION most of working		KIND OF BUS		E OF ART	
COMPL	17. FATHER'S NAME (First, Middle, Last)  n/a		<u> </u>		18. MOTHER'S N		Middle, Maiden S	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)  ALBERT ASKET	W	19b. MAILING A 913	N. COL	t and Number or Flura	AVENN	ber, City or Town	State, Zip Co	RE, MD	
	20s. METHOD OF DISPOSITION X.10 Burlet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF cametery, crematory or othe KING MEN		Name of PARK	OAT			ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE		1	AND ADDRESS OF F		-1101	E. NO	RTH AVE	
FICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  DUE TO (GR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								Inte	
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS	S A CONSEQUENCE OF):	c Lu	noda of dylng, su				Inte Ons	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A:  DUE TO (OR A:	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	- Lu	ng Ca	mer		AUTOPSY MED?	Inte Ons	
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (OR AS  c. DUE TO (OR AS  d	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  In but not resulting in	the underlyl  26.  OTHER:   Nursing He  OF 28c.    RY	Ing cause given in	n Part I.	24a. WAS AN / PERFORI 1 TYES 2	AUTOPSY MED?	24b. WERE AUT AWAR ABLE COMPLETI OF DEATH	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 M9  27. MANNER OF CEATH  1 Natural 5 Pending	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF):  A CONSEQUENCE OF):  S A CONSEQUENCE OF):  B but not resulting in  utpatient 3 DOA  Y 28b. TIME INJU	the underlyl  26.  OTHER:  ONURSING HE  OF 28c. II  M 1	Ing cause given in	n Part I.	24a. WAS AN A PERFORI 1 YES 2 To) or (Specify) SCRIBE HOW IN	AUTOPSY MED?  NO	24b. WERE AUT AWAR ABLE COMPLETI OF DEATH	
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  27. MANNER OF OEATH  1 Natural 5 Pending investigation  3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	DUE TO (OR AS  DUE TO	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	the underlyl  26.  OTHER:    Nursing He  OF 26c.     MY 1	Ing cause given in  PLACE OF DEATH (C)  The standard of the st	n Part I.  Check only or  6 Other  28d. DE:  28t. LOC  City	24a. WAS AN / PERFORI 1 YES 2  TO (Specify) SCRIBE HOW IN CATION (Street at or Town, State)	AUTOPSY MED?  NO  IJURY OCCUR  IND NUMber or	24b. WERE AUT AWAR ABLE COMPLETI OF DEATH 1 YES	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FILLERAL DIBECTOR IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	<b>MARYLAND</b>	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
			ERTIFICATE	0	F DEAT	TH		DEC	AIO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, La	ist)				2. DATE OF DEATH		3. TIME OF DEATH	
	Raymond	A. Ocha	.b			Aug. 3, 19	194 YEAR	12.50A.	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6, BIRT	HPLACE (State or Foreign	
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	9a. FACILITY NAME (If not institution, gi		96	CITY, TOWN	R LOCATION OF DE				
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	10e. STATE 10b. COU	INTY	10c, CITY, TO	WN OR LOCAT	OT A			10d, INSIDE CITY	
	Maryland	Quality (		imore				LIMITS?	
	10a. STREET AND NUMBER		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
	1924 Alicean		21231	31 U.S.A.					
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14. BAC	E — American Indian	
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify:			k, White, etc.	
							Wh	ite	
	15, DECEDENT'S 8 (Specify only highest gr	rade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mo	N st of worlding	16b. KIND OF BUS	HNESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechan			Autom	otive		
	17. FATHER'S NAME (First, Middle, Last)				18 MOTHED O NAM	IE (First, Middle, Meiden			
		Ochab			Mary		Surneme)		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street e		oute Number, City or Town	State Zin Codel		
	Alvina Goscinsl	ki-Ochab	1924 A	licea	nna St.	Baltimore	Maryla	nd 21231	
ı	20e. METHOD OF OISPOSITION 120 Burlel 2 Cremation 3 R	20b	PLACE AND OATE OF DE	SPOSITION (Na	ma of		CATION — City or To		
	4 Donation 5 Other (Specify)	emoval from State	ak Lawn	r nlacal			alto. Co., Maryland		
	21. SIGNATURE OF FUNERAL SERVICE		2007				,		
ŀ		eber & Sons I				ber & Son treet,Bal		21 221	
7	23. PART I. Enter the diseases,	or complications that caused	the deeth. Do not a					Approximata	
	shock, or heert failur IMMEDIATE CAUSE (Finel	re. List only Dne cause on e	ech line.					Interval Between	
	disease or condition resulting in death)	SEVER	28 (A)	LONG	OBS	RUCTURE	1)115	ak and beauti	
İ	resorting in death)	DUE TO (OR AS A	CONSEDUENCE OF):	0	0000	STRUCTIVE DISEAL  APRIERIAL LSUFMEN			
	Sequentially list conditions,	- a 1/ERI	PHERAL	A CEI	RENAL?				
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
	CAUSE (Disease or Injury	C	CONSEDUENCE OF):						
	that initiated events resulting in death) LAST	DOC TO (DR AS A	CONSEDUENCE OF):						
		d						1	
	PART II. Other algnificant condit	///	- / 1	e underlying	ceuse given in F	art I. 24s. WAS AN /		. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
1	10/17	DSCI WDORE	ce 20	5/1	TCOMY.	1 UYES 2		COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER						1 TES 2 ND			
	1 VES 2 0	1   Inpatient 2   ER/Outp	atient 3 DOA 4	Nursing Hom	5 Mesidence 6				
1	Natural 5 Pending	28s. DATE OF INJURY	28b. TIME OF	28c. INJ WO	RK?	28d. DESCRIBE NOW IN	JURY OCCURED		
2 Accident Investigation									
ı	3 Suicide 6 Could not be determined 28e. PLACE Of INJURY At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE Of INJURY At home, farm, street, factory, office City or Town, State)							Route Number,	
ł	290. CERTIFIER								
	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.    CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.								
∦	A CONTRACTOR OF THE CONTRACTOR								
1	286. SIGNAPORE AND THE OF TENE				PC: UCENSE NUME	SER ( O O	29d. DATE SIGNED	(Month, Day, Year)	
1	30. NAM AND ADDR S OF PERS II	431 Hudson Street			V24	100	0/3	110	
	Madura prabha	Carling and an arrangement of the carlo		•	Bolto	Ma oro	2/1		
H									
	AUG 0 2 1001	ax 1/22 Organization Re							
JL	HUU 1 3 1554	A							

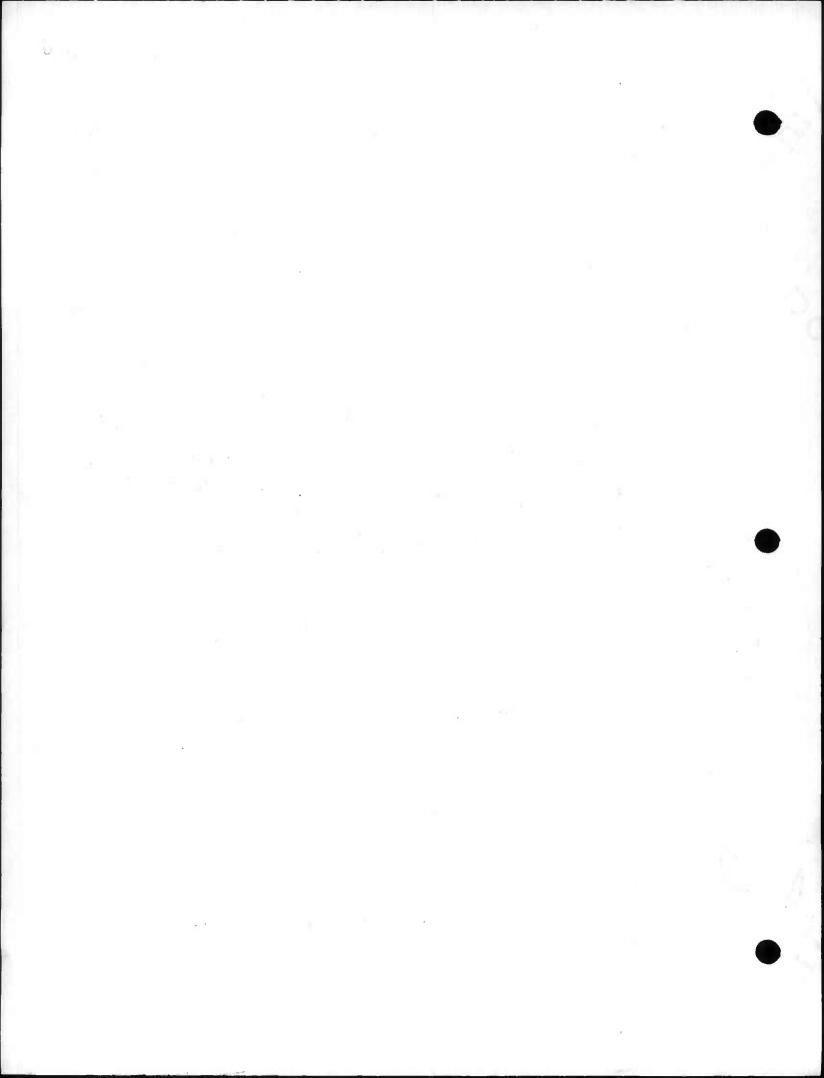
ì . e • T ę . . . -.  BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICALE (	OF DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH			
	Reno	Joseph		Owens	5	July 25	5 1994	2317 M		
	4. SOCIAL SECURITY NUMBER 214-76-3501	5. SEX 6	AGE (In yrs. lest birthday)  36 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)		
	9a. FACILITY NAME (If not institution, give si		36 YRS.			12-13-57		ALTO. MD		
OR	0.100	Or Court	-		wn or Location of D	EATH	9c. COUNTY OF	DEATH		
5	RESIDENCE OF DECEDENT									
DIRECTOR	MD 10a. STATE 10b. COUNTY			RANDALLSTOWN 10d. INSIDE CITY LIMITS?						
AL	10e. STREET AND NUMBER			101, ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	4050 CARTHAGE R	D			21133		U.S.A.			
2	11. MARITAL STATUS  XX Never Married 2 Married	12. WAS DECEDENT I					s or No — 14. RAC Blac	E — American Indian, ik, White, etc.		
8	3 Widowed 4 Divorced	IF YES, GIVE WAF			YES 2 NO Speci		Spec AFI	otty:		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed!	16a. DECEDENT'S	USUAL OCCUP	PATION a most of working	16b. KIND OF BU	ISINESS/INDUSTRY	. MILKIOHN		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	g most or working					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surnama)			
EC	EDWARD OWENS				RUTH		Guriamey			
ω	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		Route Number, City or Tox	vn, State, Zip Code)			
임	CAROLYN HARRISON		4050	CARTHA	GE RD RANI	DALLSTOWN :	MD 21133			
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rama	oval from State	20b. PLACE AND DATE cemetery, crematory or c	OF DISPOSITION	N (Name of	OATE 20c. LO	OCATION — City or T			
	4 Donation 5 Other (Specify)	ENGEE	DULANEY		CEM.	7/30/94 D	ULANEY VA	ALLEY, MD		
	ALTE IN	1119		∦ EST	EP BROTHE	RS FUNERAL LACE BALTI	HOME P.A	A. 21217		
	23. PART I. Epter the diseases, or o	omplications that of	caused the death. Oo					Approximate		
Ш	shock, or heert fellure.	List only one ceuse	on each line.			The state of the	6-11-12-1-1-10-12-1-1-10-12-1-1-1-1-1-1-1	interval Between Onset and Death		
	disease or condition	1.	12.0	C.	shet Wo	1		Onset and Death		
A	resulting in death)	DUE TO (O	A A CONSEQUENCE O	ni au	140100	uge				
z	Accessed to the second	b		,						
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (O	R AS A CONSEQUENCE O	F):						
ੂ	CHOSE (Disease of Injuly	Dur 70 (0								
	that initiated eventa reaulting in deeth) LAST	DUE 10 (O	R AS A CONSEQUENCE O	F):						
当		d								
	PART ii. Other significent condition	s contributing to de	esth but not resulting	in the under	ying couse given in		N AUTOPSY 240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL						1 TYES		COMPLETION OF CAUSE OF DEATH?		
								1 TYES 2 NO		
ż	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C)	eck only one)				
XS.	1 XYES 2 NO		R/Outpatient 3 🗆 DOA	4 Nursing	Home 5 🗆 Residence	8 [Xother (Specify) 2	t scene			
표	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,		IE OF 28c.	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCURED			
7 (26 19 4 2314 1 YES 2) NO Subject Shot						75607				
						Route Nugber ( twone				
		0	ns free!			2400 An	nor Com	+ Mary land		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC EXAMINE		y knowledge, death occurr ninstion and/or investigation					S) and manner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER									
BE	The whom I	116			29c, LICENSE NU		<b>&gt;</b>	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM 27) (Type	, Print)	0.0	M.E.	July	26 1994		
	THEOLONE Miking 111 Penn Street, Baltimore, Maryland 21201									
- 11	AUG 0 3 1994	32. PEGISTRAR	SIGNATURE				THE YEAR	416V4		



3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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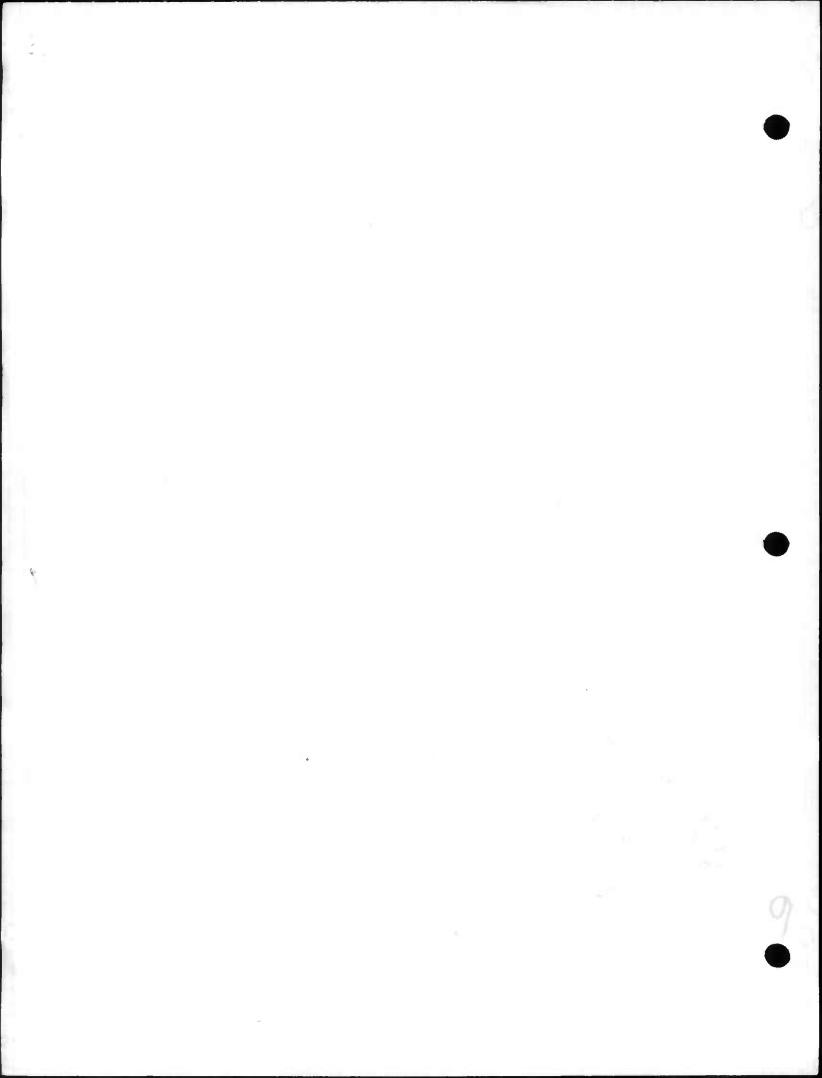
94 Irma Mae Pilgrim 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) S. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Worth, Day, Year) 7-3-1926 1 M 2 T F 214-22-9971 Illinois YRS. 68 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 13 Busch Mill Ct. Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 TES 2X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13 Busch Mill Ct. 21244 USA death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BΥ 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Pratt Library Library 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ George Parks 出 Gladys Parks notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ann Pilgrim 13 Busch Mill Ct. Balto., Md. 21244 20a METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 20s METHOD OF DISPOSITION

1 A Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) must King Memorial Park Woodlawn, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones 4611 Park Heights Ave. Balto., Demy completely filled in by the filel, cremation, or removal. 24 nours after medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximats ahock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death the disesse or condition ar (Truma within event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Flur & Mouth, Nelk executed attending physician and com mal Hygiene prior to burial, La. 475 traumatic CERTIFICATION Sequentially list conditions, if any, isading to immediate DUE TO (OR AS A CONSEQUENCE OF) 8 e. Enter UNDERLYING CAUSE (Disease or Injury that initiated events certificate other DUE TO (OR AS A CONSEQUENCE OF)resulting in deeth) LAST 6 een signed by the atte Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE that shows any 1 YES 2 NO OF DEATH? 1 TES 2 NO has been the State Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** certificate HOSPITAL . OTHER: TU VES JENO nt 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 N Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28s. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Is marked, 28c. INJURY AT with this 1 Natural BY 1 YES 2 NO death 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, EUNERAL DIRECTOR: AI
withip 72 holds after de
RTM T: LEBM Is
COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOS TO THE FUN De filed with SIGNATURE AND TITLE OF CERTIFIER BE 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Types 300 1001 M man -0U 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH



Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

to the hospital or a to the funeral direct to filed within 72 hours	KTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked or item 23 shows any injury or other fraumatic event the madical avaminar must be notified at once
	TO THE MOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific	be filed within 72 hours after death with the 5	IMPORTANT: If Hem 28 is marked or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 30 JÜLY DAVID REUBIN BONUKE-PARKER 1994 21:16 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER t YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. HOURS 30 YRS. 218-88-8757 11-12-1963 MD 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 732 N.Monroe St. BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 732 Monroe St 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, IF YES. GIVE WAR OR DATES 1 TES 2 NO Specify: ВҰ Specify. 3 Widowed 4 Divorced **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Salesman Computer 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Parker Juanita Glascoe BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 9915 Hoyt Circle Randallstown, MD. 21133 Juanita Parker 20a. METHOD OF DISPOSITION
1 A Buriel 2 Cremellon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE COATBUTUS O'MEMOTIAL Park 8/4 Arbutus, MD. 4 Donation Other (Specify) F FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph H. Brown Jr. Funeral Home 1913 W. Baltimore St. 21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximats shock, or haart failure. List only one interval Between IMMEDIATE CAUSE (Finsi **Onset and Dasth** disease or condition resulting in death) EQUENCE OF CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗍 PHYSICIAN: NO [ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL: OTHER: XXYES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 KResid 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED SUBJECT HANGED SELF 1 Netural 7 7-30-94 1 YES 2 NO p. M BY 2 Accident Investigation 26e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, lerm. street, factory, office 281. LOCATION (Stre 6 Could not be COMPLETED Home 4 Homicide 29a. CERTIFIER 1 \_ CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner es stated. (Check only one) 2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 29b. SIGNATUR PERTIFIER H 29c. LICENSE NUMBER 29d. DATE STONED (Month, Day, Year) JULY 31,1994 O.C.M.E. 2 P ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REDISTRANTS SIGNATURE

111 Penn Street, Baltimore, Maryland 21201

DHMH: 1 Per 1 St

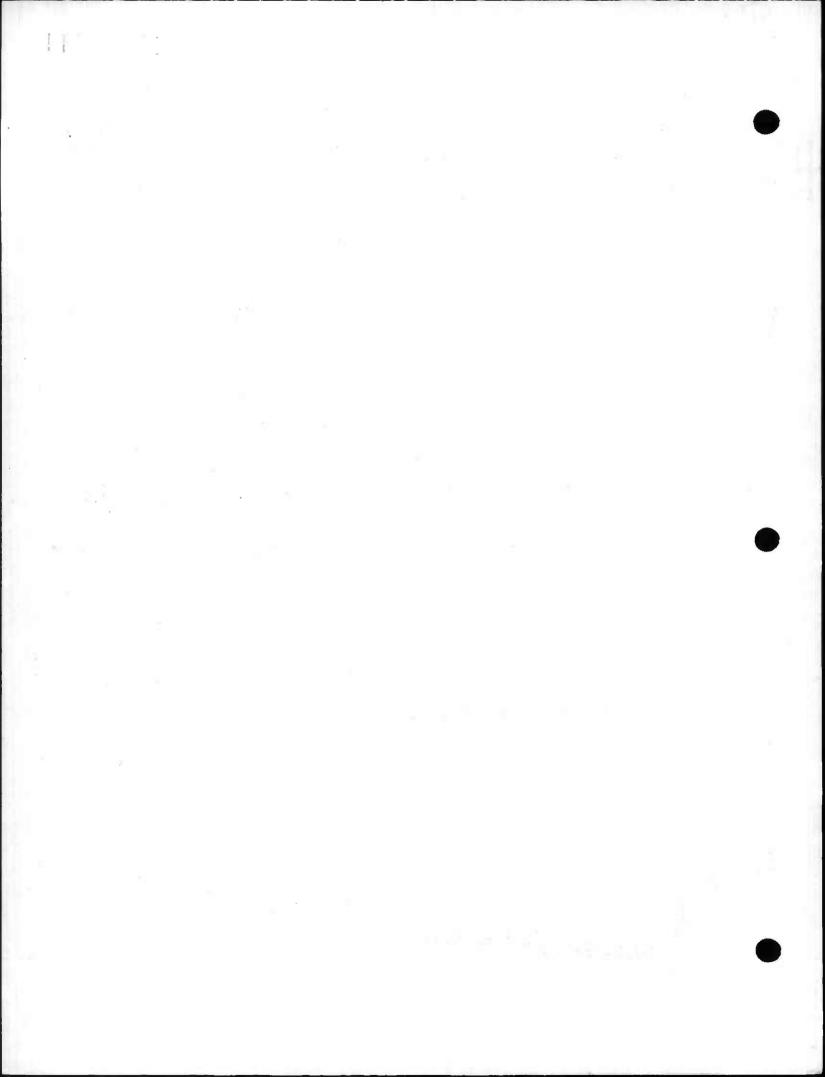
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH	
		ELLEN F PORTER		.,				31 99	1 9 AM	
			AGE (In yrs. las	1404	THE DAY		7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)	
pin	1	213 - 3H 90951 □ M 2 (2) F  90. FACILITY NAME (If not institution, give street and number)	61	YRS.		7 1555 97 1052	3-23-	33 N		
3 should	Œ	BON Secours Hos		96.	_	ALTIMO		9c. COUNTY OF	DEATH	
	DIRECTOR	RESIDENCE OF DECEDENT	P		Di	461 (170				
permit. Pages 1, 2,	E E	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LO	CATION			10d. INSIDE CITY LIMITS?	
jį.		MD		Balt	imor					
it per	FUNERAL	2600 TI Evandalia Ch				10f. ZIP CODE			WHAT COUHTRY?	
physician. burial-transit	ᄬ	3600 W. Franklin St.  11. MARITAL STATUS 12. WAS DECEDENT E	VED IN II C AD	MED	12 1110	21229	HIC ORIGIN? (Specify Yes	USA		
physician burial-tra		1 Never Married 2 Merried FORCES? 1   IF YES GIVE WAR	YES 2 XI	10	If yes,	specify Cuben, Mexico	n, Puerto Rican, etc.)	Ble	CE — American Indian, ick, White, atc.	
attending se as the	ВУ	3 Wildowed 4 Divorced	ON DAILES			res 2/ No Specif	у.	Spo	Black	
Se at	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	CEDENT'S USU	done during	ATION most of working	166. KIND OF BU	SINESS/INDUSTRY		
- Q	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	life.	Do NOT use ret	ired.)	•				
the hospital detached to once.	₩.	12th	0	lomesti	.c		self em			
by the		David Daniels					ME (First, Middle, Malden	Surname) .		
	BE	19e. IHFORMAHT'S HAME (Type/Print)	191	b. MAILING ADD	DRESS (Stre	Carey	Peele Route Number, City or Tow	n State 7in Codel		
	유	James C. Porter Sr.					. Balto., M		9	
> @ -		29a. METHOD OF DISPOSITION 143 Burlel 2 Cremetton 3 Removal from State	20b. PLACE	AND DATE OF DE	SPOSITION	(Name of		CATION — City or		
Page 6 ma ul director, p		4 Donation 5 Other (Specify)	GaR1	matory or other p		VA. Cem		ings Mil	ls, MD	
death. Pag tuneral di i.		21. SIGNATURE OF FUHERAL SERVICE LICENSEE	2		JOSEI	AHD ADDRESS OF FA	oury	ral Home	D D A	
0 . 45		Joseph H. Brown Jr. Funeral Home P.A. 1913 W. Baltimore St. Balto., MD. 21223								
d in by the or removal		23. PART I. Enter the diseases, or complications that contains abook, or heart fellure. List only one cause	oused the de	sth. Do not e	enter the	mode of dylng, suc	h as cardiec or resp	Iratory srrest,	Approximate	
		IMMEDIATE CAUSE (Finel	()	. (	1	0			Interval Between Onset and Death	
		disease or condition resulting in deeth)	Spr	<u></u>	43	STULIE	-		(omo	
B 2 = 9		DUE TO (OR	AS A CONSE	DUENCE OF):	1		) [		9	
and and	CERTIFICATION	Sequentially list conditions,	AS A COHSE	TUENCE OF):	NO	16 (	nonos	SIS	anyes	
eath certificate be attending physician rital Hygiene prior to y, or other traun	CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							•	
ng ph giene other	띮	that initiated events	AS A CONSEC	DUENCE OF):						
ne death certificathe attending ph Mental Hygiene plury, or other	H	resulting in desth) LAST								
Me de de	7	PART II. Other algnificant conditions contributing to de	sth but not r	esulting in th	ne underl	ying ceuse given in	Part i. 24s. WAS AH		16. WERE AUTOPSY FINDINGS	
uires that the signed by the Health and we any In	EDICAL	Longestive H	tues	7	lus	UTE_	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	ME								1 YES 2 HO	
- 0 0	ž	DID TOBACCO USE CONTRIBUTE T	O CAUS	E OF D	EATH	YES   NO	<b>X</b>			
ATTENDING PHYSICIAN: The law req ECIOR: After this certificate has been s after death with the State Dept. of 1.28 is marked, or item 23 she	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		1 00	26 HER:	PLACE OF DEATH (Ch	eck only one)			
CLAN: ertific the S	IYSI	1 YES 2 NO 1 Impatient 2 EF		DOA 4	Nursing I	Ioma 5 - Residence				
ing PHYSI fler this ci eath with i	PHY	27. MANHER OF DEATH  28e. DATE OF INJ (Month, Day,		28b. TIME OF IHJURY		INJURY AT WORK?	28d. DEŞCRIBE HOW I	HJURY OCCURED		
After death	ВУ	Accident Investigation  3 Suicide & Could not be 28e. PLACE OF It	IJURY — At ho	me, ferm, stree		YES 2 HO	281. LOCATION (Street	and Number or Run	if Bristin Mismbar	
OR ATTENDING DIRECTOR: After hours after death	TED	4 Homicide determined building, stc.	. (Specify)				City or Town, Stete)		THOMAS PROTITIONS	
DIRI DIRI Hour	J.C	29e. CERTIFIER 1 CERTIFYING PHYSICIAH: To the best of my	knowledge, de	ath occurred at	the time.	late and place, and due	to the cause(s) and may	mer se stated		
									e(e) end menner ee stated.	
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 MPORTANT: If		290 SIGNATURE AHD TOTLE OF CERTIFIER				29c. LICENSE HU			ED (Mogth, Day, Year)	
TO THE De filed IMPOR	TO BE	Chrotie (3h	Mla	DIII	9	777	263	18 4	194	
	F	30 NAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITE	M 20 (Type, Prin	120	11/1	7 11			
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	or and	400	0)	W.	D5/4	MOU	E	
		31. DATE FILED (Month, Day, Your) 32. REGISTRIAR'S	Tener							
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UNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within our after death. Page 6 may be rotatined by the hospital or attending physician.

FOR STATE REGISTRAR 1 -

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MONTH DAY YEAR									3. TIME OF OEATH				
- 1	Druretta					Reed				7 31 1994		94	M
1	4. SOCIAL SECURITY NUMBE 219-32-8055	A	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	# UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Morith, Day, Year) 3-9-193	7	8. BIRTH Count	IPLACE (State or Foreign  Md
	9e. FACILITY NAME (If not insti	iltution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		_	NTY OF D	EATH
DIRECTOR	3711 Fore		rk Aven	ue		Ва	alto						
		10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
	Md					Balt	to				LIMITS?		LIMITS?
FUNERAL	10e. STREET AND NUMBER	10e. STREET AND NUMBER					101	ZIP COD		10g. CITIZEN OF WHA			
Ę I		est	Park Ave						2121	.5		US	Α
2	11. MARITAL STATUS  1 Never Married 2 M	larried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR						IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	14. RACI Black	E — American Indian, k, White, atc.
à	3 X Widowed 4 Divorc		IF YES, GIVE W						Specify			Spec	m Black
	15. DECEU (Specify only I	DENT'S EDUC	CATION completed)		CEDENT'S				107	166. KIND OF BU	ISINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-1		College (1-4 or 5	- Side	Do NOT us	e retired.)	aring inc	ar or world	<i>'</i> 8	4 .			
ĕ	12th 17. FATHER'S NAME (First, Mide	Idla I act)						40 MOT	VER'O NA	ME (First, Middle, Maide	0		
	Unknown	one, East,								Lacy	n Sumame)		
H H	19e. INFORMANT'S NAME (Typ	on/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Number, City or To	vn, State, Zic	Code)	
임	Lorraine C	. Maa	re		696						to, M		21215
	20e. METHOO OF DISPOSITIO	N 3 □ Remo	wal from State	20b. PLACE			TION (Na	me of			OCATION —	City or To	rwn, Stata
	4 Donetion 5 Other (S	Specify)		- Md	Nat N	1emor	ial	Par	<	8694	LAure	el,	Md
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	/					SS OF FAC				
	Pela	/	Mar							esi Avenue Ra	1+0	Md '	21215
	23. PART I. Enter the dis-	eeses, or c	omplications that lat only one ceu	t caused the de	eth. Do n	ot enter	the mo	de of dy	ng, suci	aa cardlec or reap	olratory arr	reat,	Approximate
	IMMEDIATE CAUSE (Fins		int only one cou	d a de	*S			,					Interval Between Onset and Desth
	disease or condition resulting in desth)	<b>&gt;</b> ,	m	etastati	c D	ray	v ·	tum	er .	with links	るいろ		weeks
			DUE TO	(OR AS A CONSE	DUENCE OF	F):			Pe	imas			
CERTIFICATION	Sequentisity list condition		DUE TO	OR AS A CONSE	DUENCE OF	F):							
CAT	cause. Enter UNDERLYIN	IG											
	CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):												
T	that initiated events		DUE TO										
in in	that initiated events reaulting in death) LAST		DUE 10										
AL CE			l	deeth but not r	esuiting (	In the unc	derlying	ceuse	given In	Part I. 24s. WAS A		24b	. WERE AUTOPSY FINDINGS
SICAL CE	PART II. Other algnificent	t conditions	contributing to		esuiting (	in the und	derlying	ceuse (	given In	PERFO	N AUTOPSY RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	PART II. Other algnificen	t conditions OPD rorbio	contributing to	ty						PERFO	RMED?	24b	AVAILABLE PRIOR TO
MEDICAL	PART II. Other algnificent	t conditions OPD rorbio	contributing to	ty						1   YES	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?	t conditions OPD  TOPS  USE  O	contributing to	TO CAU	SE OF	DEAT	H Y	ES 🔀	l NO	1   YES	RMED?	24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 □ YES 2 NO	t conditions OPD  TOPS  USE  O	contributing to	TO CAU	SE OF	DEAT	H Y	ES DACE OF D	NO EATH (Chi	PERFO 1 YES  ick only one) 6 Other (Specify)	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 P	t conditions  OPD  OSE  OWNER  MEDICAL	contributing to	ER/Outpatient 3	SE OF	DEAT	H Y 26. PL	ACE OF D	NO EATH (Chi	PERFO 1 YES	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Per Case Control of the Control of	t conditions  OFD  USE C  MEDICAL	CONTRIBUTE  HOSPITAL: 1   Inpetient 2   280. DATE OF (Month, D) 280. PLACE O	ER/Outpatient 3	DOA DOA	OTHER 4   Nurs	H Y  26. PL : ing Hom WO 1 1	ES DACE OF D	NO EATN (Chi	PERFO 1 YES  ick only one) 6 Other (Specify)	PMED?  2 NO  INJURY OCCUPANT NUMBER  and Number	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pr 2 Accident Int 3 Suicide 8 CC	USE Conditions  USE Conding  MEDICAL  ending  westigation  ould not be  stermined	CONTRIBUTE  HOSPITAL: 1   Inpatient 2   280. DATE (Month, D) 280. PLACE O building,	ER/Outpatient 3 INJURY ey, Yeer)  F INJURY — At he atc. (Specify)	DOA 28b. TIM INJ	OTHER 4   Nurse E OF URY M	H Y  26. PL  : ing Hom  28c, INJ  WO  1 1	ACE OF D STREET	NO EATN (Che psidence	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  261. LOCATION (Street City or Town, State	INJURY OC	CURED or Rural II	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Properties  2 Accident  3 Suicide 8 C. Accident  4 Homicide 299. CERTIFIER (Check only)	USE C MEDICAL  anding westigation ould not be stermined	CONTRIBUTE  HOSPITAL: 1   Inperient 2   280. DATE Of (Month, D) 280. PLACE O building,	ER/Outpatient 3 INJURY ey. Year) FINJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. TIM INJ	OTHER 4 Nurse OF URY M	H Y  26. PL  ing Hom  28c, INJ  WO  1 1 v  ory, office	ACE OF D  S RRIVAT RK? PES 2	NO esidence NO No	PERFO 1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE NOW  26f. LOCATION (Street City or Town, State  to the cause(e) end me	INJURY OCI	CURED r or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Properties  2 Accident  3 Suicide 8 C. Accident  4 Homicide 299. CERTIFIER (Check only)	use of MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL MEDICAL EXAMINER	CONTRIBUTE  HOSPITAL:   Inpetient 2     28e. PLACE Of building.	ER/Outpatient 3 INJURY ey. Year) FINJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. TIM INJ	OTHER 4 Nurse OF URY M	H Y  26. PL  ing Hom  28c, INJ  WO  1 1 v  ory, office	ACE OF D  ACE OF D  S RACE  S RACE  OF D	NO esidence NO No	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  261. LOCATION (Street City or Town, State  to the cause(e) end me time, date end place, e	INJURY OCI	CURED  or Rural II  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Poly Accident Into 2	USE COMEDICAL MEDICAL EXAMINED OF CERTIFIER MEDICAL EXAMINED OF CERTIFIER MEDICAL EXAMINED OF CERTIFIER MEDICAL MEDICA	CONTRIBUTE  HOSPITAL: 1 Inpatient 2  28e. DATE OF (Month, D)  28e. PLACE O building.	ER/Outpatient 3 INJURY ey, Year)  F INJURY — At he atc. (Specify)  my knowledge, de xamination end/or	DOA 28b. TIMM INJ	OTHER 4   Nurs E OF URY M street, factor	H Y  26. PL  ing Hom  28c, INJ  WO  1 1 v  ory, office	ACE OF D  ACE OF D  S RACE  S RACE  OF D	NO EATN (Che paldence NO No note the second	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE NOW  261. LOCATION (Street City or Town, State  to the cause(e) end me time, date end place, e	INJURY OCI	CURED  or Rural II  ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent  DID TOBACCO  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pr 2 Accident 3 Sulcide 6 Cd 4 Homicide de  29e. CERTIFIER (Check only one) 2 MEDIC	USE CONDITIONS OF THE PROPERTY	CAAN: To the best of a COMPLETED CAUSE	ER/Outpatient 3 INJURY ey, Yeer)  F INJURY — At ho atc. (Specify)  my knowledge, de examination end/or insert the second	DOA 28b. TIM INJ	DEAT  OTHER 4   Nurse  OF URY M  street, factor  od at the til nn, in my op	26. PL:: ing Hom 28c. INJ bry, office	ACE OF D  ACE OF D	NO BEATN (Chu Beldence NO NO NO NO NO NO NO NO NO NO NO NO NO	PERFO 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE NOW 26f. LOCATION (Street City or Town, State to the cause(e) end me time, date end place, e	INJURY OCCURRENCE OF THE PROPERTY OCCURRENCE OCCURRENCE OF THE PROPERTY OCCURRENCE OCC	CURED  or Rural II	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,

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	quires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DYFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	f Health and Mental Hygiene prior to burial, cremation, or removal.	INTANT: If in m 28 is maked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
27-3	EXEMS PHYSICIAN: The law requires that the death certific	<ol> <li>After this certificate has been signed by the attending p</li> </ol>	be filed within 72 hours are easth with the State Dept. of Health and Mental Hygiene	is maked, or item 23 shows any injury, or other
	TO THE HOSPITAL OR ATTER	TO THE FUNERAL DIVECTOR	be filed within 72 h urs are	IMPORTANT: If it m 28

	1 - FOR STATE OF STATE OF	F MARYLAND / DEP	ARTMENT OF HEAD		NTAL HYGIEN	E		
	1. DECEDENT'S HAME (First, Middle, Last) VERNON, J.	SCHUTZ		2.	DATE OF DEATH	ST 1992	3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER 5. SEX 1 $\times$ M 2 $\square$	6. AGE (In yrs. last birthde 80 YRS	MONTHS DAVE MOI	MOED 24 MDG 7	DATE OF BIRTH (Month, Day, Year) ugust 19, 1	0.00	ITHPLACE (State or Foreign intry)  ryland	
OR	90. FACILITY NAME (If not institution, give street end number) Good Samaritan Hospital		Baltimore			9c. COUNTY OF	OEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCATION			10d. INSIDE CITY		
	Maryland N/A	Ba	1timore				LIMITS?	
FUNERAL	100. STREET AND NUMBER		101. ZIP				WHAT COUNTRY?	
NE.	1519 Woodbourne Avenue	DENT EVER IN U.S. ARMED	212		ORIGIN? (Specify Yes		States	
B	1 Never Married 2 X Married FORCES?	1 YES 2 X NO	if yes, specify	Cuben, Mexican, P NO Specify:	onigin? (Specify Yes Puerto Rican, atc.)	81	CE — American Indian, ack, White, atc. acily: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	T'S USUAL OCCUPATION of work done during most of	vorking	16b. KIHD OF BUS	SIHESS/INDUSTRY		
J.	Elementary/Secondary (0-12) College (1-4 o	(5+)	trial Engine	205	Steel			
WO	17. FATHER'S HAME (First, Middle, Last)	Titus			(First, Middle, Meiden	Surname)		
BE C	Francis Joseph Shutz			urelia 1		,		
일	19a. IHFORMANT'S HAME (Type/Print)		HG ADDRESS (Street and He					
	Alethia G. Schutz		9 Woodbourne					
	20a. METHOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)		TEOF DISPOSITION (Name of prother place) per Cenetery	1		CATION — City or		
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	1 1 1 1/51	22. NAME AND AD	DRESS OF FACILI	TY		Maryland	
Ш	Robert M. Kratz		3 6500 Y	ork Road	feld Home Baltimo	re, MD 2	21212	
	23. PART I. Enter tha diseasea, or complicationa shock, or heart fallure. List only one	that caused the death. D cause on each line.	o not antar tha moda o	dying, such a	a cardiac or reapl	ratory arrest,	Approximata Interval Between	
		T- 5-Cacl TO (OR AS A CONSEQUENCE	(OD)				Onset and Death	
NOL	Sequentially list conditions (b	TO (OR AS A COHSEQUENCE	eal may	3				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	TO (OR AS A CONSEQUENCE	OF):					
	reaulting in death) LAST							
占	PART II. Other algnificant conditions contributing	to death but not resulting	ng In the underlying cas	se given in Par	Tt i. 24a. WAS AH PERFOR	MED?	46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
4: MEDIC					-		OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		<del></del>	OF DEATH (Check	only one)			
YSI	1 YES 2 NO 1 Inpatient	2 ER/Outpetient 3 DO/			Other (Specify)			
ВУ РН	1 N Hatural 5 Pending (Mont	h, Day, Yeer)	TIME OF 28c. IHJURY WORK?  M 1 YES		d. DESCRIBE HOW II	NJURY OCCURED		
2	3 Suicide 8 Could not be determined 28s. PLAC build	E OF IHJURY — At home, fari ing, etc. (Specify)	n, street, factory, office	28	f. LOCATIOH (Street a City or Town, Stete)	and Humber or Run	il Route Humber,	
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAH: To the beile 2 MEDICAL EXAMINER: On the beile						e(e) end manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Kon; - Resi	ident (	LICENSE NUMBER	R 2.7	29d, DATE SIGN	ED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF THE STATE			1,3LV7	D, B1171	Harif,	1102125	
- 1	AUG 03 1994 July	MAR SVIPANIER						

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ISIQUE	TEN NG TH	TOR: Viter This	after of the wit	28 is marke
DIVISION	OR ATTEN NG IT	DIRECTOR: Vier This	hours after of the will	Item 28 is marke
DIVISION OF VITAL RECORDS, P.O.	TAL OF ATTEN NG IT	AL DIRECTOR: Vier This	72 hours after of th wit	If Item 28 is marke
DIVISION	HOSPITAL OR ATTEN ING IT	FUNERAL DIRECTOR: Mer This	within 72 hours after of th wit	TANT: If Item 28 is marke
DIVISION	THE HOSPITAL OR ATTEN ING IT	THE FUNERAL DIRECTOR: VIET THIS	filed within 72 hours after of th wit	PORTANT: If Item 28 is marked
DIVISION	TO THE HOSPITAL OF ATTEN ING INTEGIAN The law requires that the death ce	TO THE FUNERAL DIRECTOR: The This	be filed within 72 hours after of th wit	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or

tending physician.	as the burial-transit permit. Pages 1, 2, 3 should		
hours after death. Page 6 may be retained by the hospital or at	d in by the funeral director, page 5 should be detached for use as the burial-transi	or removal,	medical examiner must be notified at once
The law requires that the death certificate be executed with	ding physician and complete	State Dept. of Health and Mental Hygiene prior to burial, cremation,	a martin or them 23 shows any injury or other traumatic event the medical evaminar must be notified at once
ATE	fter this certify		10 000
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	Y YEA	3. TIME OF DEATN
	OWEN EMME	THE STATE OF THE S	SMI	TH, SR		08 01	94	~ \$\psi 1:15 AM M
	4. SOCIAL SECURITY NUMBER 230-05-3814 X	EX 6. AGE (h		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 03-24-1	20 VÎ	NATHPLACE (State or Foreign RGINIA
	9a. FACILITY NAME (If not institution, give street er	nd number)	91	CITY, TOWN	R LOCATION OF DE	ATN	9c. COUNTY (	OF DEATH
DIRECTOR	NORTH ARUNDEL HOSPT	TAL ASSOCI			BURNIE		A . A	. COUNTY
		NE ARUNDE			BURNIE	3		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1049 6TH STREET				21060		U.S	• A •
BY	11. MARITAL STATUS  1 Never Married 2X Merried  3 Wildowed 4 Divorced	MAS DECEDENT EVER IN FORCES? THE YES FYES, GIVE WAR OR DA WW II	U.S. ARMED 2 NO TES	If yes, ap	ENOENT OF HISPAN ecify Cuben, Mexican 2 4NO Specify.	IC ORIGIN? (Specify Yes i, Puerto Ricen, stc.)	1	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete and the comp	lege (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re ELECTRO!	done during mo tired.)	st of working		OVERN	MENT DEPT.
	17. FATHER'S NAME (First, Middle, Last) SANDY MCCORKLE SM	1ITH			16. MOTHER'S NAM GRACE	AE (First, Middle, Melden S L	Surneme)	
TO BE	190. INFORMANT'S NAME (Type/Print) REDITH VIRGINIA S	MITH	19b. MAILING AD	DRESS (Street of STH ST	nd Number or Aural A	Noute Number, City or Town	n, State, Zip Code MD •	21060
	20e. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Removal for 4 Donetion 5 Other (Specify)	rom State ceme	PLACE AND DATE OF C etery, cremetory or other ESTLAWN	place)		0//	CATION — City of	SVILLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSE			1 SEC	OND AVE		TON F	UNERAL HOME
	23. PART I. Enter the diseases, or compl	Ications that caused	the death. Do not					Approximate
	shock, or heart failure. List of IMMEDIATE CAUSE (Final	only one cause on on	ch line.		~	1		Interval Between Onset and Death
	diseese or condition reaulting in death)	Can	CONSEQUENCE OF	z the	e rich	Llaur		
		DUE TO (OR AS A	CONSEQUENCE OF	,		9		
ON	Sequentisity list conditions, b	RA DUE TO 100 AS A	CONSEQUENCE OF:	28				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A	CONSEQUENCE OF):					
FI	CAUSE (Disease or injury c	DUE TO (OR AS A	CONSEQUENCE OF):					
띪	resulting in deeth) LAST							
- 11	PART ii. Other significent conditions con	stributing to deeth bu	it not resulting in t	he underlyin	Cause given in i	Part I. 24s, WAS AN	AUTOBSV T	24b. WERE AUTOPSY FINDINGS
DICAL				and any	y oadso given in i	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	NO	OF DEATH?
≥ :						_		1 TES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATH (Che	ck only one)		
YSI		SPITAL: Inpetient 2 - ER/Outpe		THER:  Nursing Hom	e 5 🗆 Residence (	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WC	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW IN	IJURY OCCURE	)
ا ۵		28a. PLACE OF INJURY - building, atc. (Specific	— At homa, ferm, atred (y)	ot, tactory, offic		281. LOCATION (Street e. City or Town, State)	nd Number or Ru	rel Route Number,
OMPLETE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowle	edge, death occurred a	t the time, date	and piece, end due	lo libe ceuse(s) and man	ner ee stated	
8								se(e) end menner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	Bone	11		29c. LICENSE NUM	BER 7		NED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COM	IPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Pri	70)	10-0		8///	77
	JAMES J. BENJAMIN,				LLERSVIL	LE, MARYLA	ND 2110	08
	31. DATE FILED (Month, Day, Year)	22 DECISTRAD'S SIGNA	TUDE					
	AUG 0 3 1994 Julie	tender Randa	Ц					

p 5 9 m  ON OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici

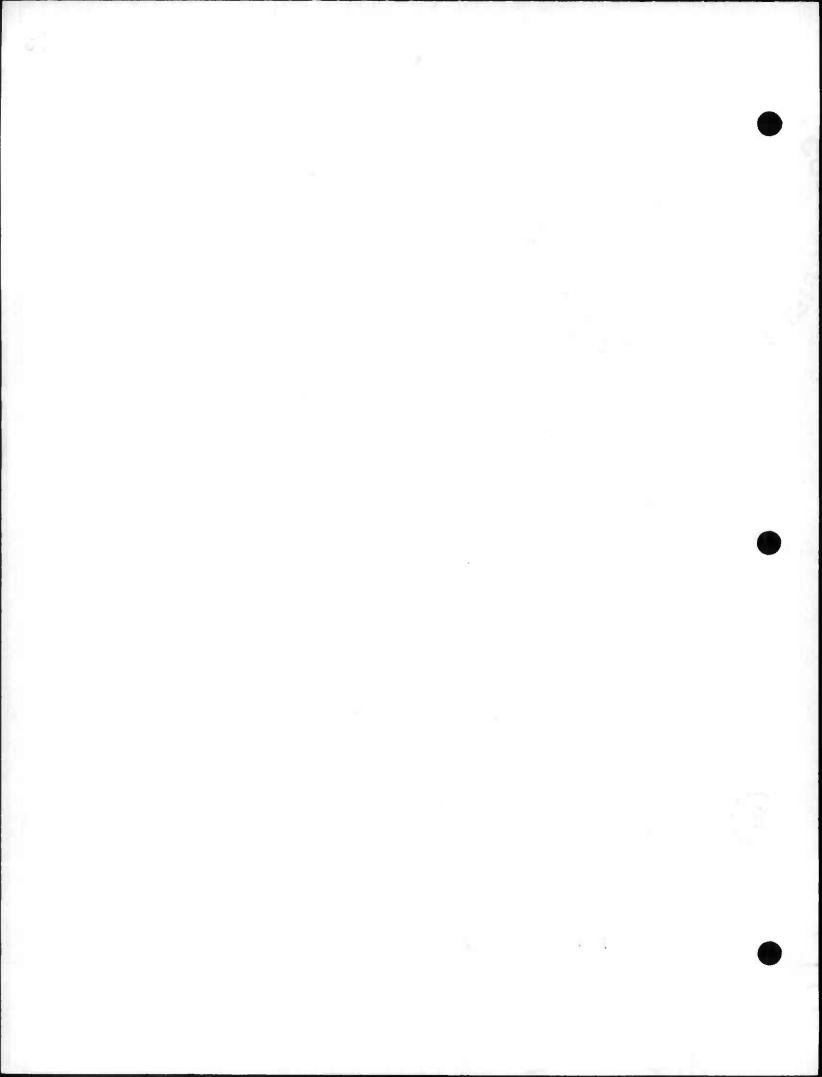
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the bospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal. TO THE HOSPE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filed within 72.

INDICATE THE FUNE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

5

	REGISTRAR		CERTIFI	CATE O	F DEATH	REG. N	IO.			
	1. DECEDENT'S NAME (First, Middle, Last)  BRIAN DAVID					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	SPAKE	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	AUG (	01 94		2:08P PLACE (State or Foreign	M
OR	215-98-7101	1 □XM 2 □ F 28		MONTHS DAY:	HOURS MIN.	(Manth, Day 9'ber)	1966	MAT	RYLAND	n
		OLD COALING ROAD				EATH	ANNE		RUNDEL	
딥	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	TY .	10c CITY	, TOWN OR LO	PATION			$\overline{}$	10d. INSIDE CITY	_
DIRECTOR	MARYLAND	ANNE ARUNDI	7.7	LINDUTCUM			LIMITS? 1 YES 2 NO	-		
FUNERAL	100. STREET AND NUMBER 601 S. CAMP ME	EADE ROAD		101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY U.S.A.						
BY	11. MARITAL STATUS  1 X Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black,			- American Indian, White, etc.			
ED	15, DECEDENT'S EDU (Specify only highest grad	JCATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF I	BUSINESS/INOUS	STRY		
COMPLETED	Elementary/Secondary (0-12)	ille. Do NOT use	(Give kind of work done during most of working life. Do NOT use retired.)  LABORER CONSTRUCTION				N			
	17. FATHER'S NAME (First, Middle, Last)  JAMES B. SPAKE			18. MOTHER'S NAME (First, Middle, Maiden Surname) BARBARA STRAKA						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Number, City or 1				_
٩		JAMES B. SPAKE 601 S. CAMP MEADE ROAD, LINTHICUM MD.21090								
	29a. METHOD OF DISPOSITION  1 General Surface Company	noval from State NTOMBMENTME	PLACE AND DATE OF	GE ME	MORIAL B	4/694 20c. K E	LKRIDO		wn, State MARYLAI	ND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		1 SE	AND ADDRESS OF FA COND AVE BURNIE	ENUE, S.	LETON	FU	NERAL HO	MC
	23. PART I. Enter the diseases, or	complications that caused	the death. Do no						Approximata	_
	ehock, or heert feilure. iMMEDIATE CAUSE (Final	Liet only one ceuse on ea	ech ilne.				0.00	inf	Interval Betw Onset and De	reen
	disease or condition teaching in death)									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO N	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	cause. Enter UNDERLYING								
Ĕ	CAUSE (Diseese or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF	):						
E	resulting in death) LAST	d								
									WERE AUTOPSY FINDIR	NGS
PHYSICIAN: MEDICAL	PERFORMED? AMA							AVAILABLE PRIOR TO COMPLETION OF CAUS	3E	
						_   1,81.5	1   110		OF DEATH?	
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO									
CIA	25. WAS CASE REFERRED TO MEDICAL  EVALUATION 26. PLACE OF DEATH (Check only one)									
1S/	XIX YES 2 NO	1   Inpatient 2   ER/Outp		OTHER: 4 - Nursing H	ome K Mesidence	6 Other (Specify)				
H	27. MANNER OF DEATH  1 Netural 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME	JRY	NJURY AT WORK?	26d. DESCRIBE HO	V INJURY OCCU	RED		
≽	2 Accident Investigation	8-1-9	4 140	0	YES 2 KNO	SU6)0	17	ma	jear	
COMPLETED	3 Suicide 8 Could not be detarmined  28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify)  At Home  28e. PLACE OF INJURY — At home, term, street, tactory, office City or Town, Street  751 9 Old Coding						0.1			
2		SICIAN: To the best of my knowl	edge, death occurre	d at the time, d	ite and place, and due	to the cause(a) and r	nenner as stated	ı,	9	
S	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation	n, In my opinior	, death occured at the	time, data and place,	and due to the	cause(a)	and manner ea state	d.
B	29b. SIGNATURE AND THE OF CERTIFIE	# Phil			29c. LICENSE NUI	MBER	29d. DATE S		(Month, Day, Year) 02/94	
유	30. NAME AND ADDRESS OF PERSON WI				et, Bali		1		•	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		er, ball	LINOIE,	Haryl	and	21201	
	AUG 0 3 1994 J	the Devoluce Red	all							



	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	POOK	SOUCH				7 27	90	7-1580 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)  90 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
	214-90-0335  9a. FACILITY NAME (If not institution, give s		-90 THS.	ah CITY TO	VN OR LOCATION OF I		04	THAILAND
<u>۳</u>	Northwest Hospita			1.0	allstown.	-	2	Mor DEATH
5	RESIDENCE OF DECEDENT					1.00	200	241/1001
DIRECTOR		214i mor	1/4	Y, TOWN OR LO		n ~		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	2141 11101	- //	,215781	STOWN, A	40	40- 01717	1 YES 2 NO
ER/	118 Butler Roa	.d			_	1136	1 -	iland
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISP	NIC ORIGIN? (Specify Y		. BACE — American Indian
BY 8	1 Never Married 2 Merried  5 Widowed 4 Divorced	IF YES, GIVE			YES 2 THO Spec	an, Puerto Rican, etc.) //y:		Black, White, etc.
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	HSHAL OCCUR	ATION	16b, KIND OF BI		Asain
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Give kind of	work done during se retired.)	most of working	100. KIND OF BI	Jamesannus	INT
COMPL	None		· .	lousewi	fe			
	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Maide		
8	Sai.  19a. INFORMANT'S NAME (Type/Print)	Somehin	Derroit Control			im Thongch		
임	Mrs. Wanna T. Al	lison				Route Number, City or To		
	20a. METNOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	(Name of			y or Town, State
	1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		Carroll	Cremat	ion	8/1/94		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAM	E AND ADDRESS OF F	ACIL ITY		sterstown Rd.
	famo 1	Elu	u	Eli	ne Funera			own, Md. 21136
4	23. PART I. Enter the diseases, or a shock, or heart failure.	complications the	t ceused the deeth. Do	not enter the	mode of dying, su	ch as cerdlec or resp	olratory srres	t, Approximata
				1	1 .0			Interval Between Onset and Death
disease or condition resulting in death) s. Carolic respiratory touture								
IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Curchic respiratory feather out to (or as a consequence of):  NSCUD, CHF, renal institutional institutions, out to (or as a consequence of):								
ET.	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEQUENCE O	F):			/	
5	CAUSE (Disease or Injury	c. Old U	(OR AS A CONSEQUENCE O					
CERTIFICATION	that initiated events resulting in deeth) LAST		(OH AS A CONSEQUENCE O	r):				i
	DARK II Only - I william a will	d						
₽	PART ii. Other significent condition	s contributing to	deeth but not resulting	In the underl	ying cause given in	Part I. 24a. WAS AI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI						1 TYES	2 NO	OF DEATH?
Σ.	1 U YES 2 U						1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO								
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	fome 5 Residence			
E	27. MANNER OF DEATN  1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY 26b. TIM ay, Year) INJ	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	EO
B	2 Accident Investigation	20 01 105 0			YES 2 NO			
<u>a</u>	3 Suicide 6 Could not be determined	building,	F INJURY — Al home, farm, stc. (Specify)	street, factory, c	ffice	261. LOCATION (Street City or Town, State	end Number or (	Rural Route Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PAYS	CIAN: To the heat of		4				
N N			my knowledge, death occurs					euse(e) end menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)
TO BE	Boonyary 1.7	luda			D1982		1	28/44
F	30. NAME AND ADDRESS PERSON WHO							
İ	31. DATE FILED (Morth, Day, Year)	199A,M	·D. 5356	KE15	GRSTON	INFA. BAC	170	21213
	AUG 0 3 1994	Alia Dive	R'S SICHTURE					

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AUG 0 3 1994

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Angela Sahm 994 6:00 P August 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF IMPORT 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4/23/02 217-07-8743 1 M 2 F 92 DAYS HOURS M D YRS Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number 9h CITY TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Church Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore City 1 YES 2 NO permit. I FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? retained by the hospital or attending physician. 5 should be detached for use as the burial-transit 2717 E. Fayette St. 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yee, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced spec'White 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementery/Secondery (0-12) College (1-4 or 5+) Unk. Unk. Operator Telephone 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Spiro Cahllmes Ella Burns BE Page 6 may be retained to al director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirley Schurman 185 Stanton Ct. Pittsburgh, PA 15201 be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Yown, State funeral director, New Cathedral Cem. 8/6/ Baltimore, MD ☐ Donation 8 ☐ Other (Specify) \_ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY irs after death. P in by the funeral removal. B. Dabrowski & Son Funeral Home Weman 2818 E. Baltimore St. Baltimore, Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. medical 23. PART I. Enter the diseases, of filled in by Interval Between 5 **Onset and Death** IMMEDIATE CAUSE (Finel npletely filled cremation, the disease or condition resulting in death) CARDIAC ARREST
DUE TO (OR AS A CONSEQUENCE OF): event. executed Com n and cont to burial, RONARY traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 in signed by the attent Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? HYPERTENSION PERFORMED? ЭШУ 1 YES 2 NO HEART FAILURE 1 YES 2 NO t. of H PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO this c marked, 1 Netural 5 Pending 1 YES 2 NO BY After Investigation ATTENDING 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) -8 Could not be DIRECTOR: A COMPLETED 4 Homicide 28 DR 29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IN ition end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner ea atated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE Harrican MAShyantar 2 AVG 94 2 30. NAME AND ADDRE S OF PERSON WHO COMPLETED CAUS DEATH (ITEM 27) (Type, Print)

TOAR'S SIGNATURE

DHMH. III Res 1189

	REGISTRAR		CER	TIFICALE C	OF DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last) PAUL			SCHU	VIED	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	I c opy	100 //					94 4:51 PM
	214-54-3634	5. SEX 6.	AGE (In yrs. lest birt	/RS. WONTHS DA		7. DATE OF BIRTH (Month, Pay Year)	(_/R	BIRTHPLACE (State or Foreign Country) MD
	9a. FACILITY NAME (If not institution, give	44	42		MN OR LOCATION OF C			
œ	U.S.COAST GUAR				TIMORE C		9c. COUNTY	/ OF OEATH
5	RESIDENCE OF DECEDENT			32	111010	72.1		
DIRECTOR	10e. STATE 10b. COUNT			c. CITY, TOWN OR LO				10d. INSIDE CITY
		IMORE CITY		BALTIMOR	E			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1010 W. CROSS ST	REET			101. ZIP CODE 21230			N OF WHAT COUNTRY? ED STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? NO IF YES, GIVE WAR 12–18–70	YES 2 NO	It yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci		fes or No- 14	Black, White, etc.  Specify: BLACK
	15. OECEDENT'S ED	JCATION		ENT'S USUAL OCCUP	PATION	16b. KIND OF B	USINESS/INDUS	TRY
ETI	(Specify only highest gred Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give k	ind of work done during NOT use retired.)	most of working			200
APL	10		CAR	PENTER				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide		
BE (		UNKNOWN				INE GAINES		
10	19a. INFORMANT'S NAME (Type/Print)  MARLENE SCHUYLER		19b. M	110 W. CRO	oet and Number or Rural OSS STREET	BALTO ,	own, State, Zip Co	30
	20a, METHOD OF DISPOSITION  1 Burlai 2 Cremation 3 Ref	noval from State	20b. PLACE AND	DATE OF DISPOSITION	N (Name of	DATE 20c. I	OCATION - CH	y or Town, State
	4 Donation 5 Other (Specify)		cemetery, cremeto		DRREST VET		OWING	MILLS, MD
	21. SIGNATURE OF FUNERAL SERVICE L		,		E AND ADDRESS OF F		UUUU	מודערשפש ממי
	CALVIN L. WILLIAMS FUN. SERV. 270 (Gary P. March FUNERAL HOME) PAS							PASS BALTO
	23. PART i. Enter the diseesea, or	complications that c	aused the deeth.	Do not anter the	mode of dying, su	ch as cardiac or res	piratory arrea	t, Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	Liet only ona cause	on each line.					Interval Between Onset and Death
	disease or condition resulting in death)	. Drou	INUAG					
		DUE TO (DE	R AS A CONSEQUE	ICE OF):				
N	Sequentially list conditiona,	b						
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DE	R AS A CONSEDUE	ICE DF):				
FIC	CAUSE (Disease or injury	c	R AS A CONSEDUE	ICE OFI				
CERTIFICATION	that initiated events resulting in deeth) LAST	550 (5)	, no a concepce	· oc or /.				İ
CE		d						
AL	PART II. Other significant condition	ns contributing to de	eth but not reeu	Iting in the under	ying cause given in	Part i. 24a. WAS / PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL						1 YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?
Σ	717 777 777					_   / •		YES 2 NO
AN:	DID TOBACCO USE	CONTRIBUTE	TO CAUSE	OF DEATH	YES   NO			/
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C			
> 1	1 X YES 2 ND  27. MANNER OF DEATH	t   Inpetient 2   El		OOA 4 I Nursing	Home 5 Residence		IN RI	
PH	1 Naturel 5 Pending	28a. DATE DF IN. (Month, Day,	Year)	INJURY	WORK?  YES 2 X NO	CILLIPIA		ned
B	2 Accident Investigation 3 Suicide 8 Could not be	284. PLACE OF II	, P. I.	farm, street, factory,		281. LOCATION (Street		
	4 Homicide 8 Could not be	building, etc	L (Specify)	er	onne	City or Town, Star Hawking	(a) Call	
E	29a. CERTIFIER	201411 7 11 1 1 1 1					FOIN	- Creek
COM		SICIAN: To the best of my ER: On the basis of axam						cause(s) and menner as steted.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	- 1XII	1		29c. LICENSE NU	IMBER	29d. DATE S	SIGNED (Month, Day, Year)
TO B		6/- 2	_		O.C.M	I.E.	AUG	G 02,1994
۲	30. NAME AND ADDRESS OF PERSON W		OF DEATH (ITEM 27	(Type, Print)				
		LER		1 Penn	Street,	Baltimor	e, Ma	ryland 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S						
	Allengana	toli: Asia	Jean Part 1	1				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.11  BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTE

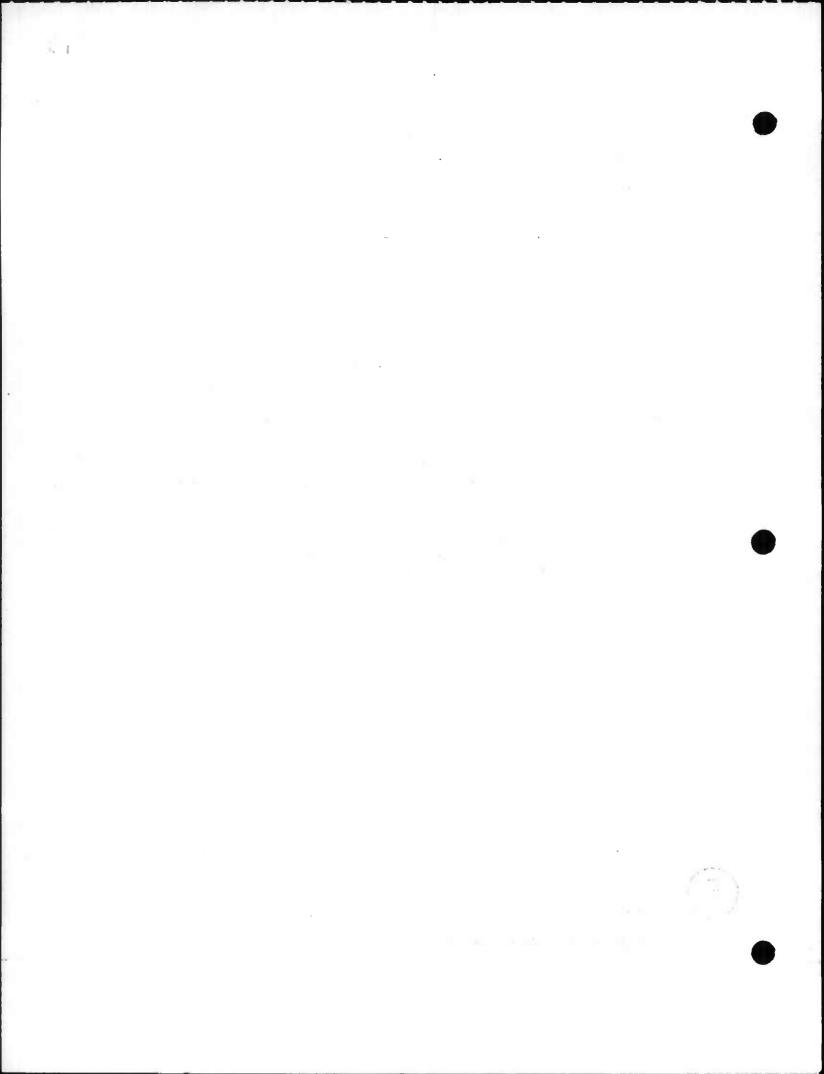
Toblows: the law requires that the described within the control of the control of the hospital or aftending physician.  It is conficted has been signed by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be be catched for use as the burial-transit permit. Pages 1, 2, 3 should be betached for use as the burial-transit permit. Pages 1, 2, 3 should be catched for the control of the control of the catched for the catc	I TO BE COMPLETED BY FUNERAL DIRECTOR
The most has a retained by the hospital or attending physician and completely filed in by the function page 5 should be detached for use as the burial-fram. The function page 5 should be detached for use as the burial-fram be filed within 27 bears after death with the State Dest. of Health and Mertal Hyghere prior to burial, creminding, or enroral.  **Most and the state of the st	DE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH							3. TIME OF DEATH	
OSVALD TAGAME			ETS			08 02 94		4:30 A. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. last birthday)			RS. 7. DATE OF BIRTH		S BIGTHE	H ACE /State or Englan
150-24-0561	1½ M 2 🗆 F	92 YRS.	MONTHS DAY	5 HOURS MI	03–26	0.2	Country	' HAANJA
9a. FACILITY NAME (If not institution, give stre		96. CITY, TOW	N OR LOCATION O		9c. CO	LESTO UNITY OF DE	A H	
	6163 CLEAR SMOKE COURT						HOWA	RD
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			TV TOWN OR LO					
MADVI AND		10c. Ci	TY, TOWN OR LO				1	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	)WARD		- ω	LUMBIA				1 TYES 2 NO
6163 CLEAR SMOKE (	OURT			10f. ZIP CODE		10g, Ci		HAT COUNTRY?
	12 WAS DECEDENT EVEN II	IIIS ADMED	12 400		1045		T	S.A.
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes,	specify Cubsn, Me	SPANIC ORIGIN? (Specifi exican, Puerto Rican, etc	Yes or No-	14. RACE Black,	American Indian,     Whits, atc.
3 Widowed 4 Divorced	IF TES, GIVE WAN ON O	AIES	י ווי	ES 2XXNO S	pecify:		Specify	WHITE
15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT	S USUAL OCCUPY work done during	TION	16b. KIND OF	BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	work done during use retired.)	most or working				
	2	FACTOR	Y WORK	ER	UNION	CARB	IDE	
17. FATHER'S NAME (First, Middle, Last)			100	16. MOTHER'S	S NAME (First, Middle, Ma	iden Sumame)		
JAKOB TAGAMETS				KATRI	GUTWES			
194. INFORMANT'S NAME (Type/Print) KATARINA TAGAMETS					Ural Route Number, City of JRT COLUMB			D 21045
20s. METHOD OF DISPOSITION	200	. PLACE AND DATE	OFDISPOSITION			LOCATION -		
1 № Burial 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State cem	etery, cremetory or	other place)		1 1	DRSEY,		
21. SIGNATURE OF FUNERAL SERVICE LICEN	WEE C			AND ADDRESS OF	F FACILITY			
Lucresce	1) 1	•			JSSELL C W.			
	molicetions het ceuser	We death Do	not enter the	TWIN KI	NOLLS ROAD	COLUM	BIA M	
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart failure. List only one cause on each line.  Approximate Interval Batween								
immediate Cause (Final disease or condition resulting in death)  a. Atheroscientic Carchiorancular Drease  year						Onaat and Daath		
DUE TO (OR AS A CONSEQUENCE OF):							900	
								j
Sequantially list conditions, if eny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE (	OF):					
CAUSE (Disease or injury								
that initieted evante resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	PF):					
d.								
PART II. Other significant conditions	contributing to death b	ut not rasulting	In the underly	ing cause given	in Part I. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
leukemin (d	hronic)	heard	- duces	ce (die	satalys) PEF	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
			,		J YE	8 2 00 NO		OF DEATH?
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN								
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA			AIR L			
	HOSPITAL:		OTHER:		nca 6 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI	AE OF 26c.	NJURY AT	28d. DESCRIBE HO	W INJURY O	CCURED	
1 Natural 5 Pending	(Month, Day, Year)	IN		WORK? YES 2 NO			7	
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, term,	street, factory, of	fice	261, LOCATION (Sti	eet and Numbe	or or Rural Ro	ute Number.
4 Homicide detarmined	building, atc. (Spec	H(y)			City or Town, S	tate)	_	
29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	edge, daath occur	red at the time. d	ate and place and	due to the causala) and	menner en ct	hete	
	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and dua to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and placa, and dua to the cause(a) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER								
tagmon 1	72			D3147		<b>&gt;</b> 5	8/2/	94
30. NAME AND ADDRESS OF PERSON WHO							-1 -1	
DR. PATRYCE TOYE	4565 HE	MLOCIC	CONEC	WAY E	ui wit	CITY	Mo	21042
DR. PATRYCE TOYE 4565 HEMLOCICIONEWAY ELLICOTICITY MO 21042  31. DATE FILEO (MONTH), Day, YOUR)  ALLIC 0 3 1994 YOUR DANGER MANUALE.								



FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1994

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify:

20723

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign Country)

VENEZUELA

10d. INSIDE CITY

14. RACE — American Indian,\*
Black, White, atc.

WHITE

MARYLAND

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 NYES 2 | ND

29d. DATE SIGNED (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

AUGUST 01,1994

COMPLETION OF CAUSE OF DEATH?

intarvai Between Onest and Death

1 X YES 2 ND

10:53

ITEMS: 23 PART I, II, 27, 28a, b, c, d, e, f PER MEO G-715 9/28/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH JULY 31 JOSEPH VOTA, IV 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH (Month, Day, Year) DAYS HOURS 216-72-3319 35 1 XM 2 F YRS. 09-19-58 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH DIRECTOR 218 N.CHARLES STREET BALTIMORE 10e. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION MARYLAND BALTIMORE permit. FUNERAL 10e, STREET AND NUMBER funeral director, page 5 should be detached for use as the burial-transit 218 N. CHARLES STREET APT. #1401 21201 Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 K Married IF YES, GIVE WAR DR DATES BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPLI STOCK ANALYST INVESTMENT COMPANY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname JOSEPH E. VOTA III ADELE WATSON 8 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHERYL LYNN VOTA 8529 PINEWAY DRIVE LAUREL MARYLAND (WIFE) å 20e. METHOD OF DISPOSITION
1 

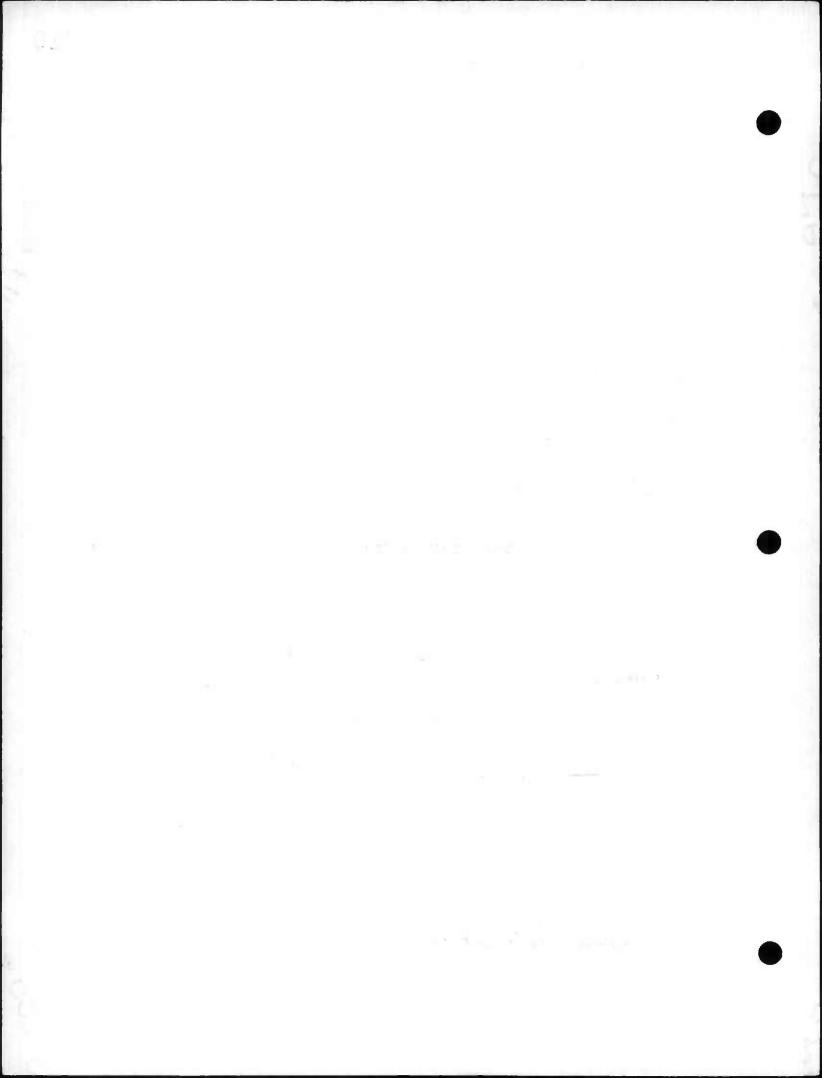
| Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 08/05/94 DATE 20c. LOCATION - City or Town, State must cemetery, cremetory or other place)
EMANUEL U.M. CHURCH CEMETERY 4 Donation 5 Other (Specify) SCAGGSVILLE. examiner 21, SIGNATURE OF FUNCTAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES sellar 5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND n and completely filled in by the to burial, cremation, or removal. hours after medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition ACUTE NARCOTIC INTOXICATION resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (DR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEDUENCE OF): if any, leading to immediate that the death certificate be the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 0 PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24s, WAS AN AUTOPSY PERFORMED? signed by the Health and N FATTY LIVER 1 WYES 2 INO t, of h has b. Dept. **PHYSICIAN**: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO SW. 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 28. PLACE OF DEATH (Check only one) certificate I OTHER:
4 | Nursing Home 5 | Residence 1 YES 2 NO 1 Department 2 ER/Outpatient 3 DOA 8 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 286, TIME OF this c with t 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, FOUND 7/31/94 M 1 YES P X I ND THIKNOWN ΒY After Investigation 2 Accident 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 218 N. CHARLES ST. 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 28 Is **6**⟨∑ Could not be DIRECTOR: / COMPLETED 4 Homicide FOUND AT HOM 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. HOSPITAL FUNERAL I Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II ele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 8 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

AUG 0 3 1994



l or attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital in	TO THE FUNERAL DISPERDINGUE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hors after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If fem (2) and ted, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMENT OF H	EALTH AND MEI DEATH	NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2.	DATE OF DEATH	3. TIME OF DEATH
	Eulee C. Wheeler		1	41 30 1	19994 1:25 Am
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	lest birthday) IF UNDER 1 YEAR MONTHS DAYS	HOUSE MIN	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	248-26-0614	YRS. WORTHS DAYS	1	1 04 24	South Carolina
<u>م</u>	9a. FACILITY NAME (If not institution, give street and number)		R LOCATION OF DEATH		UNTY OF DEATH
DIRECTOR	Liberty Medical Center	Bal	timore C	ity	
JE I	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT	ION		10d, INSIDE CITY
	Maryland	Ba	ltimore	City	XXYES 2 NO
FUNERAL	10s. STREET AND NUMBER		ZIP CODE	10g. CIT	TIZEN OF WHAT COUNTRY?
N.	2702 Keyworth Avenue Apt		21215		USA
	1 Never Married 2 Married FORCES? 1 YES 2	NO If yes, spe	cify Cuban, Maxican, Pu	PRIOIN? (Specify Yes or No-	14. RACE — American Indian, Black, Whita, atc.
ВУ	3 🔀 Widowed 4 🗆 Diverced IF YES, GIVE WAR OR DATES	1 YES	2 XNO Specify		Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEOENT'S USUAL OCCUPATIO (Give kind of work done during mos	N It of working	16b. KIND OF BUSINESS/IN	
9	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)	i or working		
M M	1. FATHER'S NAME (First, Middle, Last)	Unknown			nown
	Augustus Ceo			First, Middle, Maiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS (Street as			(in Code)
2	Dorothy Wheeler	3414 Park H			
	20a. METHOD OF DISPOSITION 20b Pt A	CE AND DATE OF DISPOSITION (No.	ne of	DATE 200 LOCATION	City or Town State
	4 Donation 5 Other (Specify) Dri	cremetory of other place) 11d Ridge Ce	m. 8/4	/94 Balto	. Co., MD
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AN	y Funera	Υ	
	▶ 3/E Howell.g.				1to, MD 21201
	23. PART i. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each i	deeth. Do not enter the mod	fe of dying, auch es	cardiac or respiretory ar	rrest, Approximate
	IMMEDIATE CALISE /Final				Interval Batween Onset and Death
	disease or condition resulting in death)  Separation out to or as a conditions, if smy, leading to immediate  Separation out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a conditions, out to or as a condition out to or as a condi	SEOUENCE OF):	1		0,000
S	Sequentially list conditions,	Heart far	luce		
AT	if sny, leading to immediate cause. Enter UNDERLYING	SEQUENCE OF):			i i
표	CAUSE (Disease or Injury that Initisted events DUE TO (OR AS A CON	SEQUENCE OF):			
CERTIFICATION	resulting in death) LAST				
AL CI	PART II. Other significant conditions contributing to death but no	ot resulting in the underlying	cause given in Part	I. 24s. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
<u>8</u>	Renal Insufficiency	,	3	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
밀				1 TYES 2 THO	OF DEATH? 1 □ YES 2 □ NO
ä	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEATH YI	S NO	<b>.</b>	To tes 2 grad
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF OEATH (Check o	nly one)	
YSI	1 YES 2 NO 1 No 1 Propertient 2 ER/Outpatient	3 DOA 4 Nursing Home	5 🗆 Rasidenca 8 🗆	Other (Specify)	
F	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY WOI	RK?	I. OEŞCRIBE HOW INJURY OC	COURED
K	2 Accident Investigation	home, term, street, tectory, office	ES 2 NO	LOCATION (Street and Market	0.10.1
	4 Homicide 8 Could not be datermined building, atc. (Specify)	rione, term, accest, tectory, office	280	LOCATION (Street and Number City or Town, State)	F or Rural Route Number,
	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge,	death accurred at the time date	and place and the to the		
COMP	(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER		TE SIGNEO (Month, Day, Year)
TO BE	Deorge C. With II MD.  30. NAME AND AD RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I		D4136		Tuly 30, 1994
	George E Wicks III M	) 260	O Libert	y Heights	21216
	31. DATE FILES MORS DECRETA JULY SUBSIDERS AND SUM				
	1000001001				

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DING FILL STOCKET. THE IMP REQUIRES THAT THE DESIGNATION OF EXPONENT MINES IN THE PROPERTY OF	certifi	death with the state Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	s marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	this (	WILL	rked
2	Mer	eath	E
3	d.	О	0.0

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND		GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH		3. TIME OF DEATH		
	Weldon Sherwood	Wertz, Sr	<b>.</b>			August 1, 1994 11:45 a					
	4. SOCIAL SECURITY NUMBER 5.	7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country)									
	171-09-6049 1.  9e. FACILITY NAME (If not institution, give street		30 YRS.	96. CITY, TO	WN OR LOCATION OF DI	, 1914	1914   Pennsylvania				
DIRECTOR	Meridian-Cromwell	9	Park	ville		Ba	ltimo	re			
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?		
	Maryland Baltim	ore	Tov	rson					1 TES 2 X NO		
RAL	104. STREET AND NUMBER				10f. ZIP CODE				WHAT COUNTRY?		
FUNERAL	204 E. Joppa Road I	Apt. 606 . was decedent ever in u	I C ADMED	40 1100	_21286				States		
	1 Never Married 2 Married	FORCES? 1 YES	2 X ND	If ye	DECENDENT OF HISPAI	ın, Puerto Rican,	etc.)	Blac	E — American Indian, k, While, etc.		
BY	3 Widowed 4 Divorced	IF FES, GIVE WAR ON DAI	E9	''	YES 2 X ND Specif	y:		Spec	"'White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com-		18a. DECEDENT'S (Give kind of	work done durin	PATION g most of working	16b. KIND	OF BUSINESS/I	NDUSTRY			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us		1 4		- 1				
ME	17. FATHER'S NAME (First, Middle, Last)	4	Superi	Intend	16. MOTHER'S NA	-	eel				
ŭ	Joseph Wertz				Lula			,			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or Rural			Zip Code)			
5	Mary Regina Wertz		204 F	. Jopp	a Road Apt	t. 606	Towson,	Mary	rland 21286		
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🏋 Cremation 3 ☐ Removal		PLACE AND DATE		N (Name of	DATE	20c. LOCATION	— City or To	own, State		
	4 Donation 8 Other (Specify)	- Gre	ermount (	remator			Baltimo	re,	aryland		
	Robert M. Kratz	0014	. Wid	→ Mit	e and address of Fa schell-Wied O York Roa	lefeld 1	Home, I	nc.	212		
	23. PART I. Enter the diseases, or com	plications that caused t	the deeth. Do						Approximate		
	ahock, or heart fallure. List pnly pne cause pn each line.  IMMEDIATE CAUSE (Final  Onset and Death										
	resulting in death)	arteriose	Corles	COVI	naryarle	ryde	reall				
_	disease or condition resulting in death)  a. Urterusclopulae Cormanyartery descape  DUE TO (OR AS A CONSEDUENCE OF):										
2	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING CAUSE (Disease or injury										
	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F):							
CERTIFICATION	d								-		
A	PART ii. Other aignificant conditions conditions	ontributing to death but	t not resulting	in tha under	iying ceusa given in	Part i. 24s.	WAS AN AUTOPS PERFORMED?	Y 248	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
PHYSICIAN: MEDIC	<u> </u>	entra					YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
ME	DID TODA COO HOT CO								1 YES 2 NO		
AN	DID TOBACCO USE CO	MIKIBULE TO C	AUSE OF								
SICI	EXAMINER?	OSPITAL:	New 2 DOA	OTHER:	B. PLACE OF DEATH (Ch						
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 280	Home 5 Residence						
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN	M 1	WORK?  YES 2 ND		E HOW INJURY (				
- 10	3 Suicide 8 Could not be	28e. PLACE DF INJURY — building, etc. (Specify	At home, farm,	street, factory,	office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4 Homicide determined					Only or low	n, Olate)				
3	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowled	dge, death occum	ed at the time,	date end place, and due	to the cause(s)	and menner as s	tated.			
COMPLETED	one) 2 MEDICAL EXAMINER: 0	On the basis of examination a	and/or investigation	on, in my opini	on, death occured at the	lime, date and p	lace, end due lo	the cause(	a) and manner as stated.		
BE	296. SIGNATURE AND TITLE DF CERTIFIER	0 /			29c. LICENSE NUI				(Month, Day, Year)		
6	MANE AND ADDRESS OF PERSON WITH	ran m	l dream on or	0:0	1 2210	122		8-5	-94		
	30. NAME AND ADDRESS OF PERSON WHO CO	WS/C1 860	4 1+AR	FUNA	rd SALT	D MI	2123	K			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	rune ll								
	AUG 0 3 1994 8	mer in many	· • • •								

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

		_				UF						
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH JULY 29, 1994 4:43				
	ROSE  4. SOCIAL SECURITY NUMBER	I a arry	Walker									
		5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR DAYS	HOURS	24 HRS.	7. DATE OF BI (Month, Day,		8. BIRT Cour	THPLACE (State or Fo
	238-26-0512 1 □ M 23CXF 79 YR					3/15/1915 N.C.						N.C.
~	Se. FACILITY NAME (If not institution, give	street and number)		1			R LOCATIO	N OF DE	ATH	9c.	COUNTY OF	DEATH
СТОВ	MARYLAND GENERA	L HOSPITA	AL		BA	LTI	MORE					
REC	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OF	LOCATI	ION					10d. INSIDE CITY
PIO	MD					RE						LIMITS?
AL	10e. STREET AND NUMBER					_	ZIP CODE			10a	. CITIZEN OF	WHAT COUNTRY?
띪	831 N. FREMONT A	VE.					21217	7			U.S.A	
FUNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			MED	13. W	AS DECE	ENDENT OF	F HISPAN	C ORIGIN? (Sp	ecify Yes or No	- 14, RAC	CE — American India
ВУ F	1 Never Married 2 Married FORCES? 1 YES 2 TIF YES, GIVE WAR OR DATES			10			2 XXVO		, Puarto Rican,	etc.)		ck, White, atc.
0 8	3 Wildowed 4 X Divorced						777				AFF	
ETEC	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S U	rk done di	CUPATIO	N at of working	7	16b. KIND	OF BUSINES	S/INDUSTRY	
٦	Elementary/Secondary (0-12) College (1-4 or 5+)				OWN							
COMPL	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)				OMIA	- 1						
	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								NE (First, Middle,	Maiden Surna	me)	
BE	CHARLIE LITTLE  19a. INFORMANT'S NAME (Type/Print)  19b.				CORFOC	(Dam		IKNO				
2	QUANITA BRISCOE								Oute Number, Ch		, , ,	1 7
	20a, METHOD OF DISPOSITION			N 1CO		_		/ E .	BALTIMO	20c. LOCATIO		
	1 Surial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	noval trom Stata	cemetery, cre.	matory or other	er niecei			Ω/				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	ESTEP BROTHERS FUNERAL HOME P.A.											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL F  1300 EUTAW PLACE BALTIMO  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cerdisc or respirato shock, or heart failure. List only one cause on each line.									ALTIMO	RE, MI	21217	
NO	disease or condition resulting in death)  Sequentisity list conditions.	CVA  DUE TO Pneum	on as a consecution	DUENCE OF):								25 da 2 wee
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	DUENCE OF):									
CER	resulting In death) LAST											
	PART II. Other significent condition	esuiting in	the und	erlylna	csuse o	iven in f	Part I. 24a.	WAS AN AUTO	PSY 24	b. WERE AUTOPSY FI		
DICAL		_				,9	9			PERFORMED?		AVAILABLE PRIOR
										MED - AV.		
ш									10	YES 2 X.N	°	DF DEATN?
¥ I	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT	H Y	ES 🗇	NO		YES 2 X.N	°	DF DEATN?
¥ I	25. WAS CASE REFERRED TO MEDICAL		TO CAU	SE OF	DEAT					YES 2 XN	0	COMPLETION DF C DF DEATN? 1 YES 2 N
SICIAN: ME		CONTRIBUTE HOSPITAL: 1 % Inputlent 2			OTHER:	26. PL	ACE OF DE	ATH (Che			•	DF DEATN?
HYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO  27. MANNER OF DEATH	HOSPITAL: 1 1 Inpatient 2	ER/Outpatient 3	DOA 4	OTHER:	26. PL/	ACE OF DE	ATH (Che	ck only one)	cify)		DF DEATN?
Y PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☐ NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	26. PL	ACE OF DE	ATH (Che	ck only one)	cify)		DF DEATN?
TED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 THO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpatient 2   26a. DATE OF (Month, Di	ER/Outpatient 3	DOA 4	OTHER: Nursi	26. PL/ ng Home 8c. INJU WOF	ACE OF DE	ATH (Che	ck only one)	city) E HOW INJURY	Y OCCURED	DF DEATN?
ETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YNO  27. MANNER OF DEATH  1	HOSPITAL: 1 % inputlent 2  28a. DATE OF (Month, Di 28a. PLACE Oi building,	ER/Outpetiant 3 INJURY ny, Year)  F INJURY — At hor etc. (Specify)	DOA 4 28b. TIME INJUS	OTHER:   Nursi	26. PL/ng Home Bsc. INJU WOF 1 You	ACE OF DE	ATH (Che	Ck only one)  B Other (Spe 28d. DESCRIB!  26t. LOCATION City or Tow	(Street and Nun, State)	r OCCURED	DF DEATN?
MPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO  27. MANNER OF DEATH  1 Netural 5 Pending   Investigation   3 Suicide a Could not be delarmined   4 Homicide   Could not be delarmined    29a. CERTIFIER (Check only	HOSPITAL: 1 1 inpatient 2 28a. DATE OF (Month, De 28a. PLACE Of building, dician: To the best of	ER/Outpetient 3 INJURY by, Year)  FINJURY — At hostic. (Specify)  my knowledge, de	DOA 4 28b. TIME INJUS	OTHER: Nursi OF RY M eet, tector	26. PL/mg Home Bsc. INJE WOF 1 Y Y	ACE OF DE  5  Res  RY AT  RK?  ES 2	NO NO and due to	ck only one)  G Other (Spe 28d. DESCRIBI  26t. LOCATION City or Tow	(Street and Nunn, State)	r OCCURED	DF DEATN?  1 YES 2 N
COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   YNO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation  2   Accident   Investigation  3   Suicide   a   Could not be delarmined  29a. CERTIFIER (Check only	HOSPITAL: 1 1 Input lant 2 28a. DATE OF (Month, Do building, Dictan: To the best of ER: On the best of ax	ER/Outpetient 3 INJURY by, Year)  FINJURY — At hostic. (Specify)  my knowledge, de	DOA 4 28b. TIME INJUS	OTHER: Nursi OF RY M eet, tector	26. PL/mg Home l8c. INJU WOF 1 Y, office	ACE OF DE	NO NO and due t	ck only one)  G Other (Spe 28d. DESCRIB)  26t. LOCATION City or Tow  o the cause(a)	(Street and Nunn, State) and manner at allege, and dua	r OCCURED imber or Rural a stated, to the cause	DF DEATN?  1 YES 2 N  Route Number,
OMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be delarmined  29a. CERTIFIER (Check only one)  1 XCERTIFYING PHYS ONE)	HOSPITAL: 1 % Inputlant 2 28a. DATE OF (Month, Duliding,	ER/Outpetient 3 INJURY INJURY — At hostic. (Specify)  Try knowledge, de- amination end/or i	DOA 4 28b. TIME INJUS	OTHER: Nursi OF RY M eet, tector	26. PL/mg Home l8c. INJU WOF 1 Y, office	ACE OF DE  S Real PRY AT NC? ES 2   and place, with occure 29c. LICE!	NO NO and due to dat the to NSE NUM	ck only one)  G Other (Spe 28d. DESCRIB)  26t. LOCATION City or Tow  o the cause(a)	(Street and Nunn, State) and manner at allege, and dua	or OCCURED  Imber or Rural  a stated,  to the cause	DF DEATN?  1 YES 2 N  Route Number,  (a) and manner as at
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be delarmined  29a. CERTIFIER (Check only one)  1 XCERTIFYING PHYS ONE)	HOSPITAL: 1 12 Inputlant 2 28a. DATE OF (Month, Duliding	ER/Outpetient 3 INJURY INJURY — At horetc. (Specify)  my knowledge, de- amination end/or i	DOA 4 28b. TIME INJUF me, farm, stn sth occurred	OTHER: OF A CONTROL OF M M M M M M M M M M M M M M M M M M	26. PL/mg Home l8c. INJU WOF 1 Y, office	ACE OF DE	NO NO and due to dat the to NSE NUM	ck only one)  G Other (Spe 28d. DESCRIB)  26t. LOCATION City or Tow  o the cause(a)	(Street and Nunn, State) and manner at allege, and dua	r OCCURED imber or Rural a stated, to the cause	DF DEATN?  1 YES 2 N  Route Number,  (a) and manner as at
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 1 Inpatient 2 28a. DATE OF (Month, De 26a. PLACE Of building, DICIAN: To the best of ER: On the best of ER: On the basic of ax	ER/Outpatient 3 INJURY by, Year)  FINJURY — At horace, (Specify)  my knowledge, de amination end/or i	DOA 4 28b. TIME INJUF me, farm, stri ath occurred investigation,	OTHER: OF A STATE OF A	26. PLJ ng Home RSc. INJU WOF 1	ACE OF DE  5   Red  15   Red  16   R	NO and due to det at the t	ck only one)  G Other (Spe 28d. DESCRIB)  26t. LOCATION City or Tow  o the cause(a)	(Street and Nunn, State) and manner at allege, and dua	or OCCURED  Imber or Rural  a stated,  to the cause	DF DEATN?  1 YES 2 N  Route Number,  (a) and manner as at
E COMPLETED BY PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide a   Could not be dearmined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIE	HOSPITAL: 1 12 Inpattent 2 28a. DATE OF (Month, De 26a. PLACE Of building, Dician: To the best of ER: On the	ER/Outpetlant 3 INJURY by, Year)  FINJURY — At hore etc. (Specify)  my knowledge, decamination end/or i	DOA 4 28b. TIME INJUF me, farm, stri ath occurred investigation,	OTHER: OF A STATE OF A	26. PLJ ng Home RSc. INJU WOF 1	ACE OF DE  5   Red  15   Red  16   R	NO and due to det at the t	ck only one)  G Other (Spe 28d. DESCRIB)  26t. LOCATION City or Tow  o the cause(a)	(Street and Nunn, State) and manner at allege, and dua	or OCCURED  Imber or Rural  a stated,  to the cause	DF DEATN?  1 YES 2 N  Route Number,  (a) and manner as at

X

x x

X

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

OR ATTENDING PHY	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	market
HE HOSPITAL OR ATTENDING	INERAL DIRECTOR: After	within 72 hours after death with	IPORTANT: If Item 28 is ma
THE HC	THE FU	be filed with	MPORTA

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Maria Wauben Gusberdina July 29 1994 6:30 a M 4. SOCIAL SECURITY NUMBER B. AGE (In was last hirthday) 7. DATE OF BIRTH (Month, Dev. Year) 10-9-1928 IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 137 36 3645 1 M 2 F Holland 65 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Easton Memorial Hospital Talbot County Easton RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Caroline Co Federsalsburg 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 202 Bloomingdale Avenue 21632 USA - Yes 13. WIAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, FORCES? 1 YES 2 NO t Never Married 2 Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Hageman Anthonius Johannes Hoevenaars Maria Catharina Margarheta **BE** t9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margo Martelli 202 Bloomingdale Ave, Federaolsburg, MD 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of t Buriel 2 Cremation 3 Removal from State

KDonation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEER onald 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Wade, Dir 655W.Baltimore St, Balto, MD21201 mille 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death Kespinat disease or condition \_\_\_\_\_ anest occumed when DUE TO (OR AS A CONSEQUENCE OF) sleep bee CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST st au PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? entinded 1 | YES 2 1 1 YES 2 NO RICO PHYSICIAN: amid 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Unpatient 2 ☐ ER/Outpatient 3 ☐ DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b, TIME OF 28d, DESCRIBE HOW INJURY OCCURED Netural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examin 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day, Year) H 2826 94 2

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ACTON

DLSWILD

MARY

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SYK

m.D.

DAW KINS

2. REGISTRAR'S SIGNATURE hin Skurker Reveall

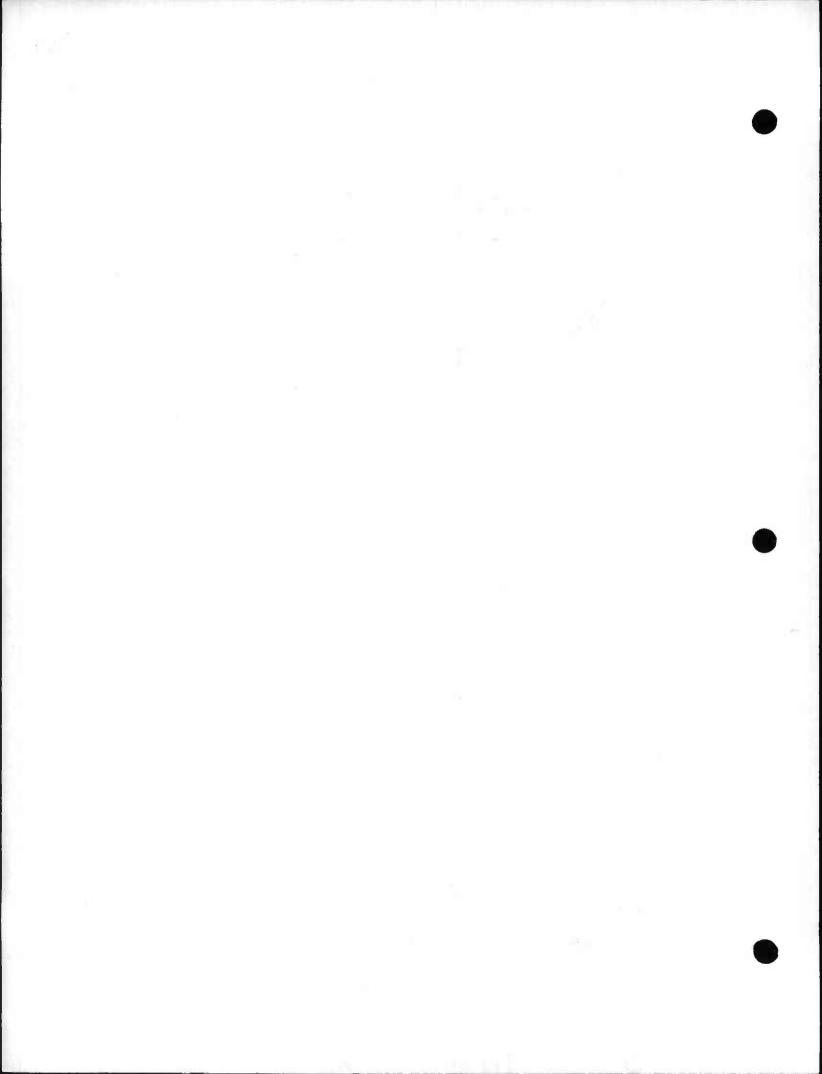
HLBSNI

31. DATE FILED (Month, Day, Year)

AUG 3

1994

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15-0020	tending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21215-0020	OR TENDING PHYSICIAN: The law requires that the death certificate be executed with: nours after death. Page 6 may be retained by the hospital or attending physician.	should be detached for us
BALTIMORE, N	er death. Page 6 may be r	the funeral director, page 5
4	cuted witi-	d completely filled in by I
S. P.O. BOX 6	death certificate be exe	e attending physician an
'AL RECORD	he law requires that the	e has been signed by the
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TTENDING PHYSICIAN: 1	C DR: After this certificat
10	0	BIG

page 5 should be detached for injury, or other traumatic event, the medical examiner must be notified at once. DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, for death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. UTENDING PHYSICIAN: The law requires that the death certificate be E8 is marked, or item 23 shows any

1 Netural
2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

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TO THE HOSPITAL ON THE TO THE FONER PUBECO DE filed within 12 fours in IMPORTALL: It item, 8

											94	2	262	)
	FOR STATE REGISTRAR	STATE OF MA		DEPAR						IYGIEN REG. NO.	E			
	t. DECEDENT'S NAME (First, Middle, Last) ROBERT		2. DATI					TE OF DEATH			3. TIME OF D	Ам		
	4. SOCIAL SECURITY NUMBER 213-78-5656	1 XXM 2 □ F	3. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, De SEPT	BIRTH 26, ]	L960	Count	NPLACE (State of Py) RYLAND	r Foreign
FOR	99. FACILITY NAME (If not institution, give s THE JOHNS HOPKIN		96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  96. COUNTY OF DEATH  n/a							DEATN				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  10b. COUNT	n/a		10c. CITY, TOWN OR LOCATION BALTIMORE									10d, INSIDE C LIMITS? 1 X YES 2	
FUNERAL	100. STREET AND NUMBER	PENTWOOD	ROAD			101	ZIP CODI	.239					WHAT COUNTR	
В	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 24 3 Widowed 4 Divorced					If yes, spe			IC ORIGIN? (S 1, Puerto Rica		or No-		14. RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	(G	6e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  LABORER					n/a						
BE CON	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Melder  ROBERT L. WRIGHT SR. JEANETTE G.						lle, Meiden							
10	190. INFORMANT'S NAME (Type/Print)  JEANETTE G. WRIGHT  191. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  1614 PENTWOOD ROAD, BALTIMORE, MARYLAND							LAND 2	1239					
					NG MEMORIAL PARK					ATE 20c. LOCATION — City or Town, State  RANDALLSTOWN, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **WM. C. MARCH FH1101 .							NOR	TH A	VENUE				
	23. PART I. Enter the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that c List phly one cause s. SOOS	e on each lina	i.		tha mo	da of dy	ing, such	as cardisc	or reapi	ratory an	rest,	Onset	dimata I Between and Death CMS
RTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST								10 6	gears				
PHYSICIAN: MEDICAL CER	Status Post Cardina Arrest							PERFOR	YES 2 NO OF D		D. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE		
IAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL		100	- 1	DEA		ES C	NC	ick only one)	_	_			
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER 4 - Num	₹:			8 Other (S)	pecify)				
PH	27. MANNER OF DEATH	28e. DATE OF th (Month, Day,		28b. TIM	IE OF JURY	28c, INJ WO	URY AT		28d. DESCRI	BE HOW II	NJURY OC	CURED		

28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER (Check only one) 2 MEDICAL EVANISTIC CO. 2. MEDICAL EVANISTIC

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

nleins Sonne

5 Pending Investigation

8 Could not be

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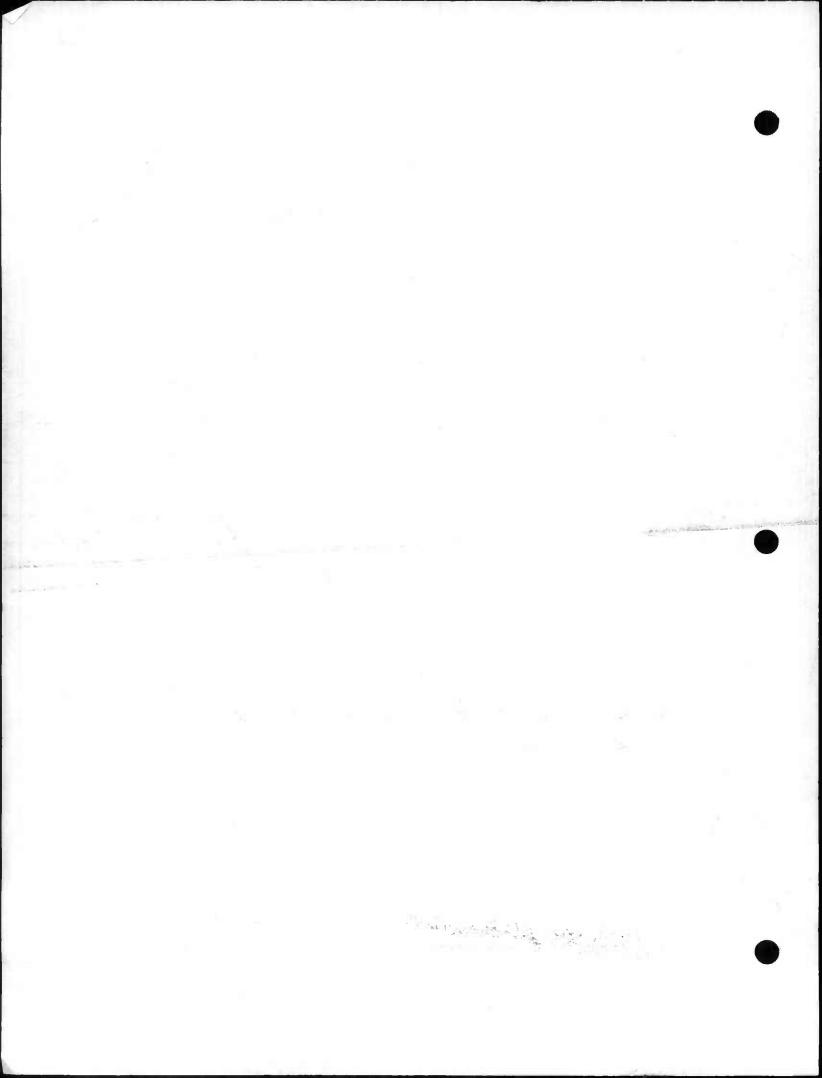
29d. DATE SIGNED (Month, Day, Year) 7/30/94

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Danoff Sonye Hoplans Hospital Johns

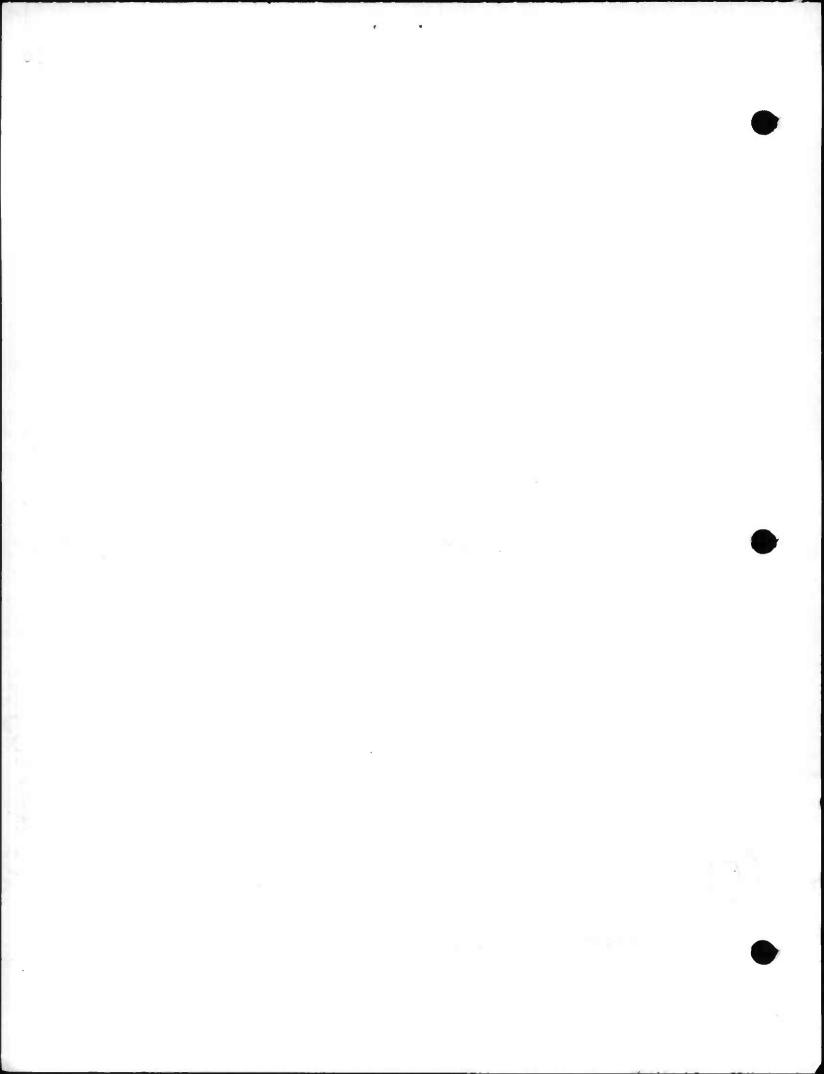
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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		1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF FICATE O		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Las	()				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
		Katharine Edna	a Hood Walsh					0 199		
		4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday	MONTHS DAYS	7	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
2		579-44-2964	1 □ M 2 🏋 F	90 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 14,			
should		9s. FACILITY NAME (If not institution, give			9b. CITY, TOW	OR LOCATION OF D	DEATH	9c. COUNTY	OF DEATH	
2,3	CTOR	Manor Care Nur	sing Home - R	Ruxton	Tow	son		Balt	imore	
SS T	ш	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	ITY	10c, C	TY, TOWN OR LOC	ATION			10d. INSIDE CITY	
Z.	DIRI	Maryland Bai	ltimore		Towson	n			LIMITS?	
permit. Pages	AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
TS.	1 155 1	7001 N. Charle	es Street			21204		USA		
020 physician. burlal-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No — 14.	RACE — American Indian,	
	BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES		It yes,	specify Cuban, Maxic ES 2 📉 NO Speci	en, Puerto Rican, atc.)		Black, White, stc. Specify:	
215-0020 attending physic use as the burlal	ED B								White	
USe att		15. DECEDENT'S Et (Specify only highest gra	de completed)	(Give kind o	S USUAL OCCUPA f work done during i use retired !	TION most of working	16b. KIND OF BU		y Citizens	
od for		Elementary/Secondary (0-12)	College (1-4 or 5+)		tarial			,	y citizens using Authorit	
AND he hospit detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)		Decre	cartar	18. MOTHER'S N.	AME (First, Middle, Maider	~	deling Adelioile	
# 8 # F	U U	William Joseph	Hood			Elizab			known)	
mak YL retained by th 5 should be of	m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree		Route Number, City or Tox			
e s s e 5 s e	임	Mrs. G. Gordon	Power	1370	4 Bardon	n Road, P	hoenix, MD	21131		
ALLIMORE, death. Page 6 may be funeral director, page . examiner must be		20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re	mount from State	Ob. PLACE AND DAT	OF DISPOSITION	Neme of		CATION — City	or Town, Stats	
age 6 ma director, 1		4 Donation 5 Other (Specify)	I I	oudon Pa	rk Ceme	tery	Ва	ltimor	e, MD	
AL IIN death. Pag tuneral di i.		21. SIGNATURE OF FUNERAL SERVICE	NCENSEE			AND ADDRESS OF F		11 7		
BAL ter deat the fun the fun and exam		Martin D. 9	awson				11-Wiedefe Rd., Timo			
BALL I IMORE, executed with, chours after death, Page 6 may be and completely filled in the funeral director, page o burial, cremation, or removal. matic event, the medical examiner must be a		23. PART I. Enter the diseases, o shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. List only one cause on	esch iine.					Approximats interval Between Onset and Dasth	
th certificate be tending physician al Hygiene prior to or other traus	ERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  c.  DUE TO (OR AS A CONSEQUENCE OF):								
at the deal by the all and Ment	CAL	PART II. Other significent condition	one contributing to deeth	but not resulting	in the underly	ng ceuse given in	Part I. 24s. WAS AP		24b. WERE AUTOPSY FINDINGS	
L RECORDS, law requires that the dea as been signed by the at lept. of Health and Ments 23 shows any Injury,	MEDIC						1 TES		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
law law bs b bs b bs b	SICIAN:	DID TOBACCO USE CON	TRIBUTE TO CAUSE				N 🗆 📗			
E 88 F	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ATH (Check only on					
SICIAN: The Certificate of the State	PHYS	1 YES 2 X NO	1 Inpatient 2 ER/Ou		<del></del>	ome 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW	MINIST CONTR		
Ted with the		1 Natural 5 Pending	(Month, Day, Year)		IJURY Y	YORK?	284. DESCRIBE HOW	INJUNT OCCUM	EU	
Oling After death	D BY	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJUR	RY — At home, term			281. LOCATION (Street	and Number or F	Bural Route Number.	
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica rours after death with the St tem 28 is marked, or it	2	4 Homicide determined	building, stc. (Sp	ecify)			City or Town, State			
DIRI DIRI Hour	PLE	29s. CERTIFIER (Check only	SICIAN: To the best of my kno	wiedge, death occur	red at the time da	te and place, and du	to the cause(s) and me	aner se stated		
SPITAL Nagal Thir 72	COME		NER: On the basis of sxeminati						puse(a) and menner as stated.	
	, m	29b. SIGNATURE AND TITLE OF CERTIF	B 1/2 /:			29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)	
P 2 2 M	o	ATTICE	while.	m		10-1	2849	18-	1-94	
	-	A. H. Ghiladi				e, Suite	#111, Tows	on, MD	21204	
		AUG 0 3 1994	32 REGISTRAR'S SIG	NATURE						



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DALIIN	ac danch Dam
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Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law n TO THE FUNERAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept. (IMPORTANT: If Item 28 is marked, or Item 23 s.

	permit.		
prysician.	burial-transit	. of Health and Mental Hygiene prior to burial, cremation, or removal.	
r arrending	use as the		
routs after usatiff. Lags of filey be retained by the hospital of attending physician	detached for		
elained by	should be		officed of
a may be i	ctor, page 5		need he o
Edill. Lage	funeral dire		vamina.
Dails dies o	d in by the	or removal.	madical a
MICH	pletely lille	cremation,	ant the
ב בתברתופת	an and corr	to burial,	umaile at
o allucate o	ling physicis	yglene prior	other tra
nie neam	the attend	d Mental H	infam or
lequites that the death certificate of executed with	in signed by	of Health an	VAL SAN
2	Dee	1.0	9

	FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Arline Inez Wo	oden				7 30	94	9:40AM M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif	RTHPLACE (State or Foreign unitry)
	220-20-8053	1 □ M 2 🂢 F	64 YRS.			1-2-1930	14/	MD
oc	9a. FACILITY NAME (If not institution, give	street and number)		% CITY, TOWN Baltim	OR LOCATION OF DE	HTA	9c. COUNTY OF	FDEATH
DIRECTOR	3308 Windsor Ave			Daitin	016			
H	10a. STATE 10b. COUNT	ry	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
	MD		В	altimore				1 YES 2 NO
3AL	10e. STREET AND NUMBER			10	1. ZIP CODE			F WHAT COUNTRY?
FUNER	3308 Windsor Ave				21216		USA	
립	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2X NO	If yes, s	ecify Cuben, Mexica	IIC ORIGIN? (Specify Yes on, Puerto Ricen, etc.)	r No — 14. R/	ACE — American Indian, lack, White, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR O	R DATES	1 🗌 YE	S 24 NO Specifi	y:	Sp	Black
0	15. DECEDENT'S EDI (Specify only highest grad	UCATION In completed	16a. DECEDENT'S	USUAL OCCUPATI	ON control of unadded	16b. KIND OF BUSH	NESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	se retired.)	ast or working			
MP	11th		mail s	orter		advertis		mpany
	17. FATHER'S NAME (First, Middle, Lest)				Mildred	ME (First, Middle, Maiden St.	rname)	
BE	Theodore Grey  19a. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS (Street		Route Number, City or Town,	O Ti- O1 I	
2	William Wooden		TODA WATEROO	ADDRESS (Street	and Number or Hurai I	House Number, City or lown,	State, ZIP Code)	
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	DF DISPOSITION (A	ame of	DATE 20c. LOCA	ITION — City or	Town, State
	1 Donation 5 Other (Specify)	noval from State	Metro Cre	matory				, MD. 21223
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	2	22. NAME A	ND ADDRESS OF FA	wn Jr. Fune	wal Ua	mo
	> ( and	-116	Dn-	1		more St., F		04000
	23. PART I. Enter the diseeses, or	compilcations that ceu	sed the deeth. Do					Approximata
	immediate cause (Finel	. List only one cause of						interval Between Onset and Death
	disease or condition resulting in death)	. Metast	AS A CONSEQUENCE O	ung Ca	ncer			
		DUE TO (OR A	AS A CONSEQUENCE O	F):				
S	Sequentially list conditions,	a Heart	AS A CONSEQUENCE O					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	50E 10 (0M A	IS A CONSEQUENCE O	r).				
F	CAUSE (Disease or injury that initiated events	DUE TO (DR A	AS A CONSEQUENCE O	F):				
	resulting in death) LAST	d						
	PART II. Other algnificent condition	ns contributing to deat	h but not resulting	in the underlyin	o cause olven in	Part I. 24s, WAS AN A	ITOBEY !	24b. WERE AUTOPSY FINDINGS
CAL			out not resulting	in the dilatiyn	g cause given in	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC						1 TYES 2	Sino	OF DEATH?
2						_		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER: 4 Nursing Hor	ne 5 Residence	6 ☐ Other (Specify)		
됩	27. MANNER OF DEATH	28a. DATE OF INJUI		IE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW INJ	URY OCCURED	
BY	Natural 5 Pending Investigation				YES 2 NO			
ED	3 Suicide 6 Could not be	28e. PLACE OF INJI building, etc. (	URY — At home, farm, Specify)	street, factory, offi	20	28f. LOCATION (Street and City or Town, State)	d Number or Rur	el Route Number,
COMPLET	one!	SICIAN: To the best of my ki						E UY F I
8			ation and/or investigation	on, in my opinion,	death occured at the	time, data and place, and	due to the caus	e(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ER	MIN		29c. LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)
2	NAME AND ADDRESS OF REAL PRINT				MD# L	143223	Hus	1.1994
	30. NAME AND ADDRESS OF PERSON W	//O 1/A	LAIH (ITEM 27) (Type	( Print)	Harris	1 1	1	daya
	31. DATE FILED (Month, Day, Year)	1. P. P. STE FICE	WANTELL.	NY DA	Maryia	ria Corice	CON	the v
	AUG 0 3 1994	The state of the s	- on princip					
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5	th and Mental Hygiene	-
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5	pt. of Health	-
2	H	1
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des	8	000
alle	ith the State De	1
	S	1
3	6	
I'lls certificate no	WIT	4.00

30. NAME AND ADDRESS

J. P. Henry

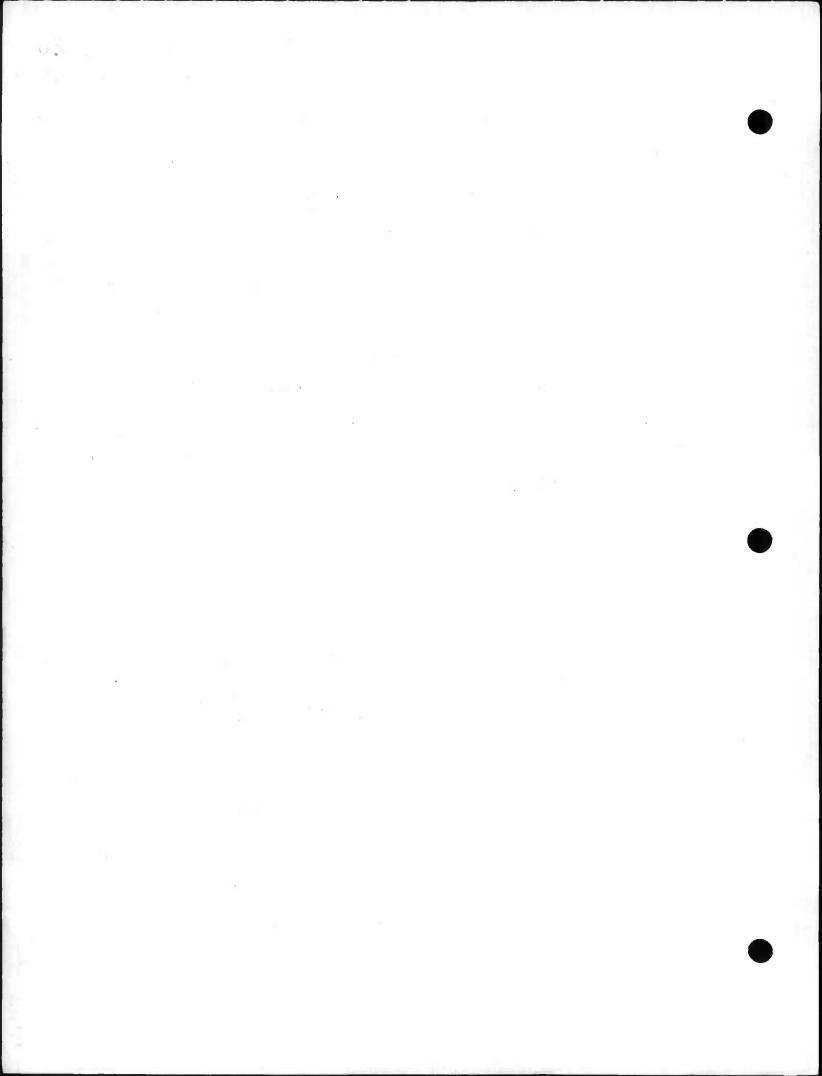
31. DATE FILED (Morth, Day, 1967)

LUL 2 0 1994

PERSON WHO C MP ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE

								91	+ 22	2628	
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF		MENTAL HYGIE				
		1. DECEDENT'S NAME (First, Middle, Last)	Louise Ann +				2. DATE OF DEATH	DAY	YEAR 3. TIM	AE OF DEATH	-
1		Louise					07 10	8 1	994 15	501	М
-			. SEX 6. AGE (In	yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE Country)	(State or Foreign	
1		184-16-9608 1 Se. FACILITY NAME (If not institution, give street	~	72 110.	9h CITY TOWN	OR LOCATION OF D	107/10/192		Meadvi TY OF DEATH	Le, PA	_
	DIRECTOR	Frederick Memorial			Freder				denick		
	RE	100. STATE 10b. COUNTY Manyland Frede	.: -4		TOWN OR LOCA	TION			10d. JI	NSIDE CITY	
-10		100. STREET AND NUMBER	rlcr	Dru	nswick	of, ZIP CODE		I		YES 2 NO	_
	FUNERAL	811 East Potomac S	treet		"	21716		USA	EN OF WHAT C	DUNTRY7	
ı	N N	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	J.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Y		14. RACE — Am	ierican Indian,	_
	BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			pecify Cuben, Mexic S 2 NO Speci	an, Puerto Ricen, etc.)		Black, White Specify:		
		15. DECEDENT'S EDUCATION	104	16a. DECEDENT'S L	101111 00011017			1		ite	_
		(Specify only highest grade con	onploted) College (1-4 or 5 +)	(Give kind of willie. Do NOT use	ork done durina m	ost of working	18b. KIND OF B	USINESS/INOU	ISTRY		
,	P	12	onege (1-4 or 5 +)	Waitre	11		Restu	nant			
	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				25/41/	AME (First, Middle, Meide	n Surname)			-
6	BE (	Walter Henry Peters	).				'tillda Be				
	2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		Code)		
8		Norton R. Ault, In.		290 97		Troy, N.					_
		4 Donation 6 Other (Specify)	I from State cemel	oerstown	er place)	L			own, MD		
5		21. SIGNATURE OF FUNEJIAL SERVICE LICENS	SEE / 7//	geroscowi	22, NAME A	IND ADDRESS OF F	iams Funer	gensco	wr. I'I		-
CAG		Banbaha H. Will	Lians, Owner	~	John	Potaravi	iams Funen lle Rd., B	al HUm	re Ma	2/7/6	
		23. PART I. Enter the diseases, or com	plications that coused	the deeth. Do no	ot enter the m	ode of dying, su	ch sa cerdiec or rea	piratory arre	at,   /	Approximate	-
		shock, or heart failure. List IMMEDIATE CAUSE (Final	t only one cause on asc	ch lina.						Intarval Batwee Onset and Daat	
		disease or condition resulting in death)	Sepsi	S						dave	
			DUE TO (OR AS A	CONSEQUENCE OF	):					1-3	
100	NO	Sequantially list conditions, b	OUE TO (OR AS A C	ONSEONENCE OF							_
	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	our to lou way	ONSECOENCE OF	14				İ		
	Ĭ,	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	1:						_
5	III I	resulting in death) LAST									
	I CI	PART II. Other algnificent conditions c	ontributing to deeth but	not resulting in	the underlying	ng ceuse given in	Pert I. 24a. WAS A	N AUTOPSY	24b. WERE	AUTOPSY FINDINGS	8
a l	MEDICAL	Congestive	Keart 1	Failu	re		PERF	2 M NO	COMPL	ABLE PRIOR TO LETION OF CAUSE	
	MEC							1	t D	YES 2 NO	
		DID TOBACCO USE CO	NTRIBUTE TO C	AUSE OF	DEATH Y	ES NC					
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:		26. F	PLACE OF DEATH (C	heck only one)				_
5	ΙΥS	1 VES 2 NO 1	Inpatient 2 ER/Output 28e. DATE OF INJURY	lent 3 DOA	4 - Nursing Hor		6 Other (Specify)		2.9		_
200		1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	IRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	JREO		
	ВУ	2 Accident Investigation 3 Suicide S Could not be	26e. PLACE OF INJURY -	- At home, ferm, st			261. LOCATION (Stree	t and Number o	or Rural Route Nu	umber,	_
	Ē	4 Homicide determined	building, etc. (Specif)	7	-		City or Town, Stat	9)			
	COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowled	dge, death occurred	at the time, dat	e end place, end du	e to the cause(s) and m	enner as atate	d.		_
	MO	one) 2 MEDICAL EXAMINER: C								nanner se stated.	
3	BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month.	, Day, Year)	_
	TO B	Hen	4			D355	3	17	11919	74	
31	P- 18	30. NAME AND ADDRESS HE PERSON WHO C	MD ETED CALLSE OF DEAT	LI STEM OF CE-	0.7-0					-	_



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	-			Mark Town	2. DATE O				3. TIME OF	DEATH
	BABY-GIRL ANDERSON Erin	1 Emily	Anderso	n		JULY	19	"1994	PRAP	7:10	Р м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O			8. BIRTN	PLACE (State	or Foreign
	n/a 1 1 M 2 X	F	YRS.	DAYS DAYS	HOURS MIN.		Day, Year) 19-199	94	Country	"MD	
	9a, FACILITY NAME (If not institution, give street and number		9	b. CITY, TOWN	DR LOCATION OF DE				NTY OF DI		
R	THE JOHNS HOPKINS HOSP	TAL		BALTI	MORE CIT	Υ					
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. CDUNTY		10c. CITY, 1	TOWN OR LOCA						10d, INSIDE	
	MD Harford				e de Gr	ace				1 YES	-
₹	10e. STREET AND NUMBER			10	1. ZIP CDDE			10g. CITI		HAT COUNTE	7Y7
띨	3760 Level Village Ro				21001				US	SA	
FUNERAL	11. MARITAL STATUS  12. WAS DECE FORCES?	DENT EVER IN U. 1 TYES 2	S. ARMED		CENDENT OF NISPAI			or No-		— American White, stc.	Indian,
B		E WAR DR DATE			2 NO Specif		,		Specif	1 7	hite
	15. DECEDENT'S EDUCATION	16	ia. DECEDENT'S US	IIAL OCCUPATI	ON	1405	KIND OF BUS	NINEGO (INIC	MICTON		
Ë 1	(Specify only highest grade completed)		(Give kind of wor. life. Do NOT use r	k done during me		100.	KIND OF BUS	SINE 33/INL	JUSTAT		
곱	Elementary/Secondary (0-12) College (1-4 c	(5+)		n/a							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, M.	ddle. Maiden	Sumame)			
	Kevin Ray Anders	on					nn Th		S		
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DRESS (Street	and Number or Rural					2107	Q
임	Mrs. Emily Ann Thomas				Village R					ce. M	Ď
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF	DISPOSITION /N	ame of	DATE	20c. LO	CATION —	City or To	wn State	
	1 💢 Buriel 2 🗆 Cremation 3 🗀 Removal from State 4 🗆 Donation 5 🗆 Other (Specify)	— Hai	ry, crematory or other $\mathbf{M} \in \mathbf{M}$	morial	Gardens	7/22	Ab	erde	en.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY					
	1000m X X	T		Havr	iell-Smith e de Gra	ı Fur		Home 2107			
	23. PART I. Enter the diseases, or complications	that caused th	ne death. Do not								ximate
	ahock, or haart failure. List only one IMMEDIATE CAUSE (Final	cause on sach	ilne.					-700/1000	0.50	intarv	al Between
	diament of an electrical	1	. 4	1 - 0	1					16	4
	resulting in death) a. Dut	TO (OR AS A CO	ONSEQUENCE OF	bo bias	1.6					1	weeks
z	- R	enal	Agenes DISEQUENCE DE:	is						36	weeks
일	Sequentially list conditions, if any, leading to immediate	TO (OR AS A CO	ONSEQUENCE DF):								
CERTIFICATION	CAUSE (Disease or injury										
	that initiated eventa PUE resulting in death) LAST	TO (DR AS A CO	ONSEQUENCE OF):								
<b>5</b>	d										
	PART II. Other aignificant conditions contributing	to death but	not reaulting in	the underlyin	g cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOP	
DICAL						_	PERFOR			AVAILABLE PE	
						_	1 1 165 2	DE NO		OF DEATH?	C NO.
PHYSICIAN: ME	DID TOBACCO USE CONTRIB	UTE TO C	AUSE OF	DEATH	YES I NO	D 図				1 163 2	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	-	)				
Sic	EXAMINER?  1 ☐ YES 2 ☑ NO  1 ☑ Inpatient	2 ER/Outpatie		THER:	ne 5 🗆 Residence	6 Other	(Specify)				
ŧ I		DF INJURY h, Day, Year)	28b. TIME C		JURY AT ORK?	28d. DE\$0	RIBE NOW II	NJURY OC	CURED		
B	1 Matural 5 Pending 2 Accident Investigation	,,		M 1 (1)							1)
- 1	3 Suicide a Could not be 28s. PLA	E DF INJURY — Ing, atc. (Specify)	At home, farm, atre	et, fectory, offic		28f. LOCA	TION (Street a	nd Number	or Rural A	loute Number,	
	4 Nomicide determined					only o	10474 01010)				
2	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the be	it of my knowledg	ge, death occurred	at the time, date	and place, and due	to the caus	e(s) and man	iner as stat	ted.		
COMPLE	one) 2 MEDICAL EXAMINER: On the basis									and menner	as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	ABER		29d. DAT	E SIGNED	(Month, Day, 1	(bar)
H	Bil My M	0			D 4408	36		D 0		194	,
임	30. NAME AND ADDRESS OF PERSON IN COMPLETED	CAUSE OF DEATH	(ITEM 27) (Type, Pr	int)					. [ [ ]	111	
	Basil Magnak,	MD									
		TRAR'S SIGNAM	RE / II								
	1111 6 1 1994 Jana a	madily (	aroland								
										Asia.	DESTRUCTION AND

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR				OF DEATH		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E		YEAR	3. TIME OF DEATH		
	Norman Du	lanev			44ERS	JUL	1 12,15	94	0432 M		
	4. SOCIAL SECURITY NUMBER 5. S		GE (In yrs. last birthday	) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF B	HRTH	8. BIRTH	PLACE (State or Foreign		
	176-26-9913	M2□F .	77 YRS.	MONTHS DA	YS HOURS MIN.	(Month, De)		Country			
	9a. FACILITY NAME (If not institution, give street a	nd number)		9b. CITY TO	WN OR LOCATION OF D		8,1916	UNTY OF DE	rginia		
FUNERAL DIRECTOR	PENINSULA REGIONAL		CENTER		ISBURY	CAIN		ICOMI			
EC	10a. STATE 10b. COUNTY		10e, C	ITY, TOWN OR L	OCATION				10d, INSIDE CITY		
HIO.	Maryland Wicomic		ъ.		- 3				LIMITS?		
Į.	10e. STREET AND NUMBER	:0		cuitla	101. ZIP CODE		10a Ct	TIZEN OF W	HAT COUNTRY?		
ER/	111 Linda Drive				21826						
N	11. MARITAL STATUS	WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Se		J.S.Z			
BY FI	1 Name Married 2 W Married	FORCES? 1 7	ES 2 NO	If yes	s, specify Cuban, Maxic YES 2 NO Speci	an, Puerto Rican		Black	— American Indian, , White, etc. y:		
			1						Black		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ieted)	(Give kind o	'S USUAL OCCUI of work done during use retired.)	PATION g most of working	16b, KIN	D OF BUSINESS/IN	IDUSTRY			
7		liege (1-4 or 5+)									
×	10		Labor	cer			None				
	17. FATHER'S NAME (First, Middle, Last)						e, Maiden Surname)	1			
BE	Dulaney Ayers					Ayer					
5	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural						
	Sherman Morris		866	W.Isa	bella St	. Sal:	isbury	Md. 2	21801		
	20a. METHOD OF DISPOSITION 1 Surface 2 Cremation 3 Removal f	rom State	20b. PLACE AND DAT cemetery, crematory of		N (Name of	DATE	20c. LOCATION -	- City or Ton	wn, State		
	4 Donation 5 Other (Specify)		Green A	cres		1/15	Salish	oury	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE				E AND ADORESS OF F						
	I Gladys B.	Star	~ 1		wart Fun						
	23. PART I. Enter the diseases, or comp			1821	West Rd	.Sali	sbury.	1d.2]			
	ahock, or haart failure. List o	only one ceuse of	n each line.	THOU WILLST LINE	mode or dying, aut	on as cardiac	or respiratory a	rrest,	Approximate Interval Between		
Н	IMMEDIATE CAUSE (Final disease or condition )										
	disease or condition resulting in death)  a. Arterior Clerotec Heart Pareire 30 yrg  DUE TO (OR AS A CONSEQUENCE OF):  50 yrg										
		DUE TO (OR A	A CONSEQUENCE	OF):	*						
N	Sequentially list conditions, at an exterior clanary 50 years										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	IS A CONSEQUENCE	OF):							
2	CAUSE (Disease or Injury C. —	DUE TO (OR 4	AS A CONSEQUENCE	0.00							
Ē	that initiated events resulting in deeth) LAST	DOE TO (ON A	IS A CONSEQUENCE	OFJ:							
<u>H</u>	d										
	PART II. Other aignificant conditions con	ntributing to deat	h but not resulting	in the under	lying ceuse given in	Part i. 24a	. WAS AN AUTOPSY	7 24b.	WERE AUTOPSY FINDINGS		
DICAL	Genner M	etable	slic,	4cil	loses		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MED	DA = pto	1111			,	_   '	YES 2 NO		OF DEATH?		
	DID TOBACCOUSE CON	TRIBUTE TO	CAUSE O	F DEATH	YES I NO				1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER? HO	SPITAL:	Name of the second	OTHER:	6. PLACE OF DEATH (C						
<u>¥</u>	27. MANNER OF DEATH	26a. DATE OF INJUI	Outpatient 3 DOA		Home 5 - Residence			0011000			
	1 Netural 5 Pending	(Month, Day, Yea		NJURY	WORK?	200. DEŞCRIE	BE HOW INJURY O	CCURED			
B	2 Accident Investigation				YES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (5	URY — At home, term Specify)	, street, factory,	offica	28t. LOCATION	N (Street and Numb wn, State)	er or Rural R	loute Number,		
9	29a. CERTIFIER DESTINATIONS PHYSICIAN	To the heat of on 1	naminda de el	and at the co	A CANADA	1-4	election s	200			
M	(Check only one)  2 MEDICAL EXAMINER: On										
8		O COLOR OF EXPERIENCE					prace, end dua to	ING CHUSO(8)	and menner ea stated.		
H	296. SIGNATURE AND TITLE OF CERTIFIER	,en		1	29c. LICENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)		
2	(al plu		- NC	/	1376	70		7/12	2/90		
	30. NAME AND ABURESS OF PERSON WHO CO	IPLETED GAUSE OF	DEATH (I) EM 27 (IV	oe, Print)	05 Pin	e R	luff	Rd	#4		
	31. DATE FILED (Magnity Day, Your)	32. BEGISTRAR'S S	IGNATURE CLEAR RANGE	,	War In Co	77	120	17			
- 1		Jana was	- wor work	1							

FOR

5

X N

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

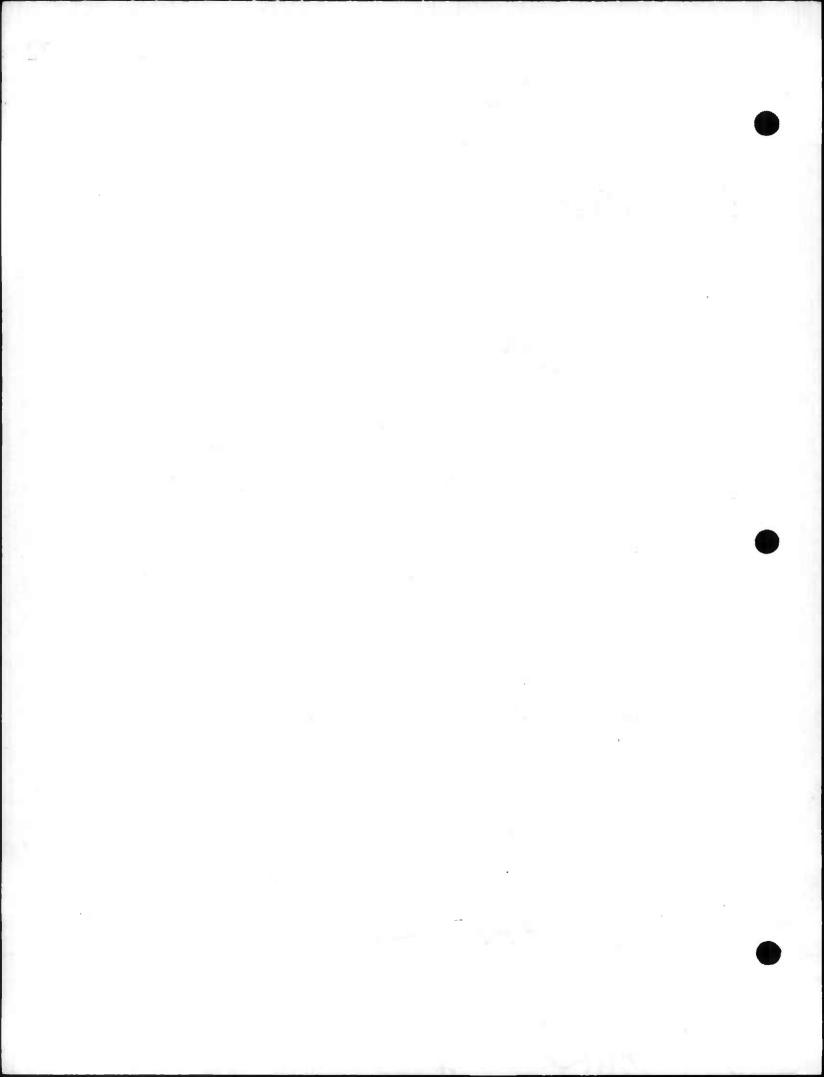
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE	E STRAR		THE OF I	MILI EMILE	CERTIF	ICATE (			MEMINE	REG. NO.				
1. DECEDEN	IT'S NAME (First, Middle	e, Last)	A 1		. /				2. DATE OF		, ,	YEAR	3. TIME	OF OEATH
/	VIARIA		AL	11/1	3N				07	109	119	4		TOY.
	94-6877		SEX	6. AGE (In yrs.		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF (Month, D	my, Year)	/	8. BIRTI Count		tate or Foreign
			□ M 2 🔀 F	88	YRS.			unit.	Dec.	3, 19	05		ssia	
	Y NAME (If not institution							OCATION OF D	EATH			NTY OF C		
Hebre	Hebrew Home of Greater Washington Rockville Monton													
RESIDEN	ICE OF DECEDE	COUNTY			10c CI	TY, TOWN OR L	OCATION						L 40.4 INIO	IDE CITY
Virgi		rlin	aton			rlingt							LIM	ITS?
100 STREET	T AND NUMBER	11111	gcon	_		ringe	10f. ZIP	CODE			40 017	1751 05 1	WHAT COL	S 2 NO
1500	S. Fern	Stree	t Apt.	920			1,307,000	22202				ıssia		INTRY?
3 Widow	STATUS  Married 2 Marrie  Med 4 Divorced	ed .	WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yo	s, specify		NIC ORIGIN? (S an, Puerto Rica fy:		or No—	Spec		cen Indien, itc.
8	15. DECEDENT			16a.	DECEDENT'S	USUAL OCCU	PATION		16b. KII	ND OF BUSI	NESS/IN			
Elements  17. FATHER'S	(Specify only highe ary/Secondary (0-12)	1	ollege (1-4 or 5 +	)	life. Do NOT u	-	ng most of	working		T Too lave on				
≦ 1 1	12		4		Tea	cher				Unkno	WII			
5 17. FATHER'S	S NAME (First, Middle, L	Lest)					10.		AME (First, Midd					
Mas	Altman							Kovar	srer	Unkno	wn			
O III INFORM	MANT'S NAME (Type/Pri								Route Number,					
Alexa	ander Git	telsor	า		5105	Dudle	y La	ne Apt	.102 E	ethes	sda,	MD	2081	4
20a. METHO	D OF DISPOSITION			20b. PLA	CEANOOATE	OF OISPOSITIO	N (Name o	t-To ob	7769	20c. LOC	ATION -	City or To	own, Stata	
	on 6 Other (Specia		from State	Univ	cremetory or o	of disposition of the place) Gical C	ente	wasii.	1994	Was	shin	gton	, D.	C.
21. SIGNATU	IRE OF FUNGALL SER	VICE LICENS	EE /	/	7	22. NA8	ME AND A	DORESS OF FA	ACILITY			_		
1	X///	14	13/	12-11		22	Lumb:	la Mor	tuary Ave.	Servi NW Wa	ces	'D C	c. 20	0011
23. PART	i. Enter the disease	ea. or come	olications that	caused the	death, Do	_								proximata
	ahock, or haart fo	allure. List	only one cau	se on each i	ina.		, mode (	o, cymg, au	on de ceronec	от теарит	atory an	1001,	Int	erval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  a. CHRONIC OBSTRUCTIVE LUNG DISEASE MANY YRS													
resulting i		a	CHO	OP AS A CON	03.	SIRVI	CIN	5 44	NGS	USE	AL	5	Mx	any yrs
			00E 10	(ON AS A CON	SEDUENCE C	N-):								
	illy list conditions,	D	DUE TO	(OR AS A CON	SEQUENCE O	NE)·							_	
cause. En	ding to immediate ter UNDERLYING			(4211241110411		. ,	-							
CAUSE (D	isease or injury ted events	c	OUE TO	(OR AS A CON	SEQUENCE O	NF);					_		-	
resulting i	in death) LAST	11.												
3		d											+-	
PART II. O	Other eignificant co	nditiona co	intributing to	death but no	ot resulting	in the under	rlying ca	use given in	Part I. 24	e. WAS AN A		248		TOPSY FINDINGS E PRIOR TO
PART II. O		_							1	YES 2	-	-		TION OF CAUSE
į														8 2 NO
25. WAS CAS	SE REFERRED TO MED						6. PLACE	OF DEATH (C	heck only one)					V. 1 - 1
n 1 □ YE	\$ 2 NO		SPITAL:	ER/Outpatient	3 🗆 DOA	4 Nursing	Home 5	Residence	6 Other (S	pecify)				
25. WAS CAS EXAMINION 1 YES	OF DEATH		28a. DATE OF (Month, Da		28b. TIR		c. INJURY WORK?		28d. DESCR	***************************************	JURY OC	CURED		
- Name	Image and		(Institute of	ay, roury				2 NO						
	THE STATE OF THE S	40-00	26a. PLACE O	F INJURY - A	home, farm,	street, factory,	office		28f. LOCATIO		nd Numbe	r or Rural	Route Num	ber,
4 Hon			bullding,	etc. (Specify)					City or 1	own, State)				
29a. CERTSF		G PHYSICIAN	· To the heet of	my knowledge	don'th comm	and at the time	data and	alana and du						
29e. CERTEF	2 MEDICAL E												a) and mar	oner on eleted
3					-									
296. SIGNAT	URE AND TITLE OF CI	ERTIFIER	5	fr. H	Ph. c	7,0	290	LICENSE NU	MBER		29d, DAT	E SIGNED	Month, D	Pay, Year)
	AD ADOBESS OF THE	Cy wi	h .	771	- 04/)	acch	1	180	87			7/4	184	
JUL NAME AP	NO ADORESS OF PERS	A-TE	MPLETED CAUS		/		مسرا	~ (-	206	2 1	/	, ,	-	
at Davids	th #60 400	11/6	- LIM.		121	MON	11/	350	KDK	ede	ul	e, r	11)2	083 7
31. DATE 1	F. 1. 139	4 9	PEGISTRA	H.S. SHOWN AND	folesc.									
2.1		U		14 - 17										

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	RTIFIC	ATE OI	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	_					2. DATE OF E	DAY	YEAR	3. TIME OF DEATH
	EMMA  4. SOCIAL SECURITY NUMBER	L.		AKERS			JULY :	16,199	4	9:05 P M
	578.42.2113	1 - M 2 F	AGE (In yrs. lest		HITHS DAYS	-	7. DATE OF B (Month, Day MARCH	(. Year)	Count	HPLACE (State or Foreign lry) SSOURI
~	Se. FACILITY NAME (If not institution, give			91	b. CITY, TOWN	OR LOCATION OF DI			COUNTY OF D	DEATH
DIRECTOR	SHADY GROVE ADVI		ITAL			VILLE			MONTGO	MERY
100	MARYLAND MON	Y NTGOMERY			OWN OR LOC					10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER			GAI'	THERSB	URG OI. ZIP CODE	_	100	CITIZEN OF	1 YES 2 X NO WHAT COUNTRY?
FUNERAL	1600 SHADY S	STONE WAY				20878				S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EX	YER IN U.SXARI	WED O	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Sp	pecify Yea or No		E — American Indian, ik, White, etc.
B	1 Never Married 2 Married  9 Wildowed 4 Divorced	IF YES, GIVE WAR				S 2 NO Specif		, ••••)		WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(Gh	ve kind of work	UAL OCCUPAT	TION nost of working	16b. KiNi	D OF BUSINES	S/INDUSTRY	
PLE	Elementery/Secondery (0-12)	College (1-4 or 5+)		CET O	FFICER		77	C CO17	TED NIMES:	(m
NO.	17. FATHER'S NAME (First, Middle, Lest)	72	I DUD	GET O	FICER	18. MOTHER'S NA		S. GOV i, Maiden Surna		1
BE		TERBERRY				BES	SSIE	RUSSE	LL	
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural				
	WILLIAM A. AKERS  200. METHOD OF DISPOSITION	5	20b, PLACE A			7 GAITHE	ERSBURG		20885 ON — City or To	Pure State
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, crer	netory or other						VIRGINIA
İ	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	a.	)	22. NAME	AND ADDRESS OF FA	CILITY JOS	GAWLE	RS SON	S INC.
	* Kean Y	lane x	2000			WI AVE N				
	23. PART I. Enter the diseases, or shock, or heert fallure.	complications that ca List only one cause	used the dec	eth. Do not	enter the m	ode of dying, auc	h as cardisc	or respiretor	y arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	1	/		4.					Onset and Daath
	reaulting in deeth)	a. DUE TO (OR	AS A CONSEC	WENCE OF):	rallum					mutes
Z	Sequentially list conditions,	M.	as a couseo	deal ?	Infarc	tron				1-48hours
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQ	UENCE OF):		•				
FIC	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR	AS A CONSEO	UENCE OF):						
CERTIFICATION	resulting in death) LAST	d								
- 11	PART ii. Other aignificent conditio	ne contributing to dec	oth but not re	eulting in t	ha underlyl	ng ceuse given in	Part I. 24a	. WAS AN AUTO		. WERE AUTOPSY FINDINGS
EDICAL	Pohymyslan they	mades					18	YES 2 N		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	7,7						_ /			YES 2 NO
Ä	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE 1	O CAUS	E OF E						
SICI	EXAMPLE ??	HOSPITAL:	/Outpatient 3		THER:	PLACE OF DEATH (Ch	6 Other (Spi	noife)		
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, )	URY	28b. TIME O	F 28c. IF	JURY AT		E HOW INJUR	Y OCCURED	
BY	1 Natural 5 Pending Investigation				M 1	YES 2 NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At hor (Specify)	ne, farm, stre	et, factory, off	Ice	281. LOCATION	N (Street and No wn, State)	imber or Rural i	Route Number,
PL		RCIAN: To the best of my								
S S	2   MEDICAL EXAMIN	ER: On the beals of exami	nation and/or in	nvestigation, i	n my opinion,	death occured at the	time, data and	place, and dua	to the cause(	e) and manner as stated.
B	296. SIGNATURE AND TITLE OF CONTIFIE	n 1011	12.	m		D 2197		29d	DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSO	O COMPLETED CAUSE O	F TH (ITEN	27) (Type, Pri	int)	D 3184			-7][7	194
	WAYNE L. MEYER					. Suite	214, Ro	ckvill	Le, MD	20850
	JUL 2 0 1994	32 REGISTRAR'S	SIGNATURE AND A	82						

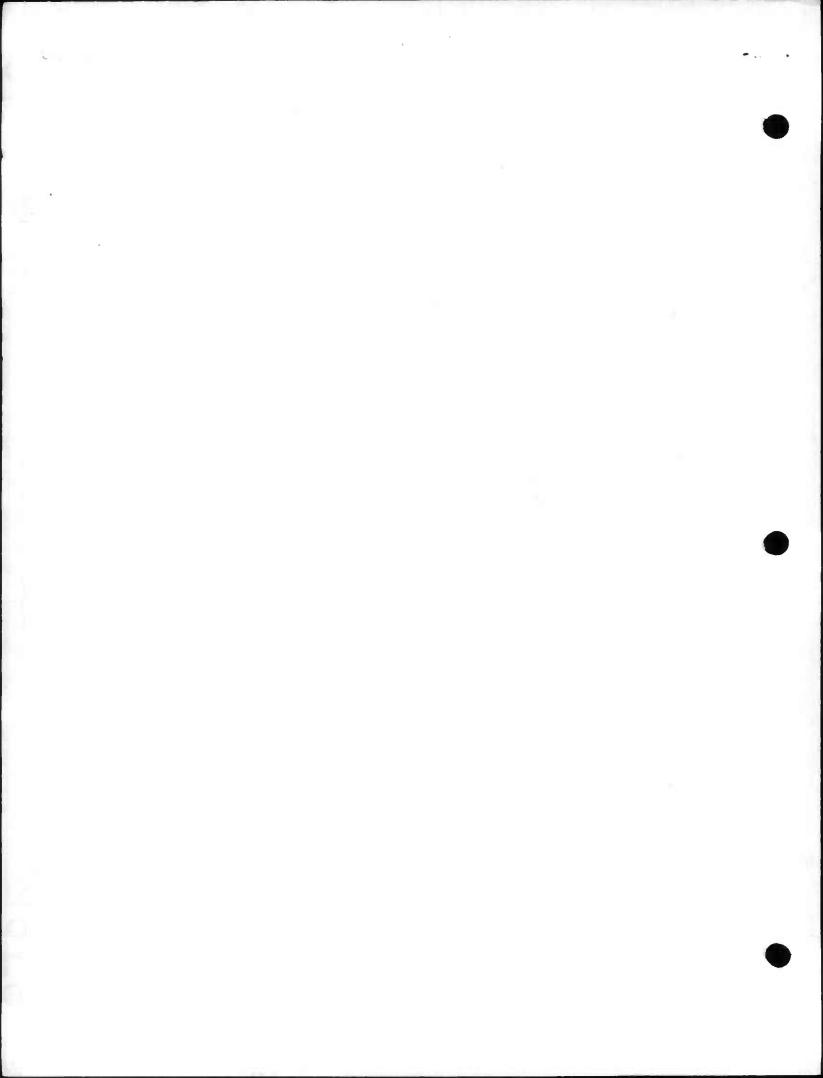




TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		the hosp	detache		Once.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ITD THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination.		Page	dire		-
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ret IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi		after	y th	DOVA	cal
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 for ITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, on IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the mid-		SUD	in D	Ter Ter	Ped
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fibe field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the		100	Del	n, 0	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremIMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,		n 24	ily fi	ation	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TID THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and combe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic events.	•	with	plete	Crem	ent,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TRI THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic		ted	COM	ial,	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a TID THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traum		xecu	pue	ğ	atic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate IND THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physic be field within 72 hours after death with the State Dept. of Health and Mental Hyghene pric IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other fr		89	an	9	M
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific INT THE FUNERAL DIRECTOR. After this certificate has been signed by the attending pipe field within 72 hours after death with the State Dept. of Health and Mental Hygiene IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or othe		ate	ysic	Pric	T tr
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce TID THE FUNERAL DIRECTOR. After this certificate has been signed by the attending the field within 72 hours after death with the State Dept. of Health and Mental Hyg MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or o		rtific	40	iene	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TID THE FUNERAL DIRECTOR. After this certificate has been signed by the after be filed within 72 hours after death with the State Dept. of Health and Mental MIPORTANT: If Item 28 is marked, or item 23 shows any injury, (		l Cel	ngin	F	0 10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the INT THE FUNERAL DIRECTOR. After this certificate has been signed by the be fied within 72 hours after death with the State Dept. of Health and MeMORTANT: If Item 28 is marked, or Item 23 shows any inju		death	atte	maj	7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TID THE FUNERAL DIRECTOR. After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and MIPORTANT: If Item 28 is marked, or Item 23 shows any in		the	the	j Me	n n
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires to TOTHE FUNERAL DIRECTOR. After this certificate has been signed be field within 72 hours after death with the State Dept. of Health MIPORTANT: If Item 28 is marked, or Item 23 shows a		hat	P D	and	F
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been s be filed within 72 hours after death with the State Dept. of H MPORTANT: It Item 28 is marked, or Item 23 show		es t	igne	ealth	60
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law in TOT THE FUNERAL DIRECTOR: After this certificate has bee field within 72 hours after death with the State Dept. CIMPORTANT: If Item 28 is marked, or Item 23 si		dui	S US	Ĭ	90 W
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The IS TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De MPORTANT: If Item 28 is marked, or Item 2:		W LI	pe	g.	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the Stati MPORTANT: If Item 28 is marked, or Iter		Ne la	has	e De	1 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN TOT THE EUNERAL DIRECTOR: After this certified within 72 hours after death with the IMPORTANT; If Item 28 is marked, or		N: T	icate	State	Iter
TO THE HOSPITAL OR ATTENDING PHYSITOTITE FUNERAL DIRECTOR: After this coeffied within 72 hours after death with IMPORTANT: If Item 28 is marked,		CIA	ertif	the	0
TO THE HOSPITAL OR ATTENDING PITOTHE THE FUNERAL DIRECTOR: After the filed within 72 hours after death vign PORTANT; It Item 28 is mark		HYSI	is c	\$	po,
TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: Afring filed within 72 hours after deal important; it item 28 is to		G PI	tt Ja	ş	ark
TO THE HOSPITAL OR ATTENTO TO THE FUNERAL DIRECTOR DE filed within 72 hours after IMPORTANT: II Item 28 I		DIN	Aff	dea	8 7
TC THE HOSPITAL OR AN TC THE FUNERAL DIRECT DE RIED WITHIN 72 hours IMPORTANT; IS 18000		TEN	10R	after	28
TO THE HOSPITAL OF THE FUNERAL DISCRIPTION TO THE MICHINE TO THE MINISTRAL IN 180		RAI	EG.	SIN	E
TO THE HOSPITA TO THE FUNERA DE filed within 72		0		2	=
TO THE HOS TO THE FUN TO THE FUN THE WITH		PITA	ERA	17	=======================================
TO THE De filed		HOS	F	N N	M
200		THE	뿔	9	S S
		10	5	pe p	울

1 - STATE BEGISTBAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTIAN	- CI	CHILL	CALE	IF DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) HELEN B.	ADKINS				2. DATE OF MONTH JULY	14,	1994	YEAR	3. TIME OF DEATH 0525 M
9	4. SOCIAL SECURITY NUMBER 5. SEX 1 \( \triangle M 2 \) \( \triangle K \)	6. AGE (In yrs. les		IF UNDER 1 YE		/0.4 44 55	BIRTH ly, Ybar)			IPLACE (State or Foreign
_	9e. FACILITY NAME (If not institution, give street and number)			96. CITY, TOY	N OR LOCATION		14	9c. COU	NTY OF D	IID.
CTOR	ATLANTIC GENERAL HOSPITA	\L		BERLIN				Worcester		
DIRECTOR	MD. WORCESTER			RLIN	CATION					10d. INSIDE CITY LIMITS?  1 YES 2 NO
FUNERAL	100. STREET AND NUMBER  1 PURNELL LANE				101. ZIP CODE 21811				IZEN OF V	WHAT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. AR	MED	13. WAS	DECENDENT OF HI	SPANIC ORIGIN? (9	Specify Yes		14 BACE	— American Indian,
B		1 YES 2 P	NO	IT yes	, specify Cuban, M	exican, Puerto Rica pecify:	n, etc.)		Speci	t, White, atc.
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S U	JSUAL OCCUP	ATION most of working	16b. Kil	O OF BUS	HNESS/INC	DUSTRY	
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5	+) #fe.		MAKER			Own	Номе		
	17. FATHER'S NAME (First, Middle, Last)  DANIEL H. LEWIS					NAME (First, Midd		Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)	- 191	b. MAILING /	ADDRESS (Stre	et and Number or R	MITCHEL		, State, Zic	Code	
5	DALE T. ADKINS		1 Pur	RNELL	LANE BE	RLIN, MI	)., 2	1811		
	20s. METHOD OF DISPOSITION  10 Burlal 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)	cemetery, cre	matory or oth	FDISPOSITION ler plece) EMFTFR		7-17		LEYV		7.2
	21. SIGNATURE OF FINERAL SERVICE LICENSEE		N-1 1.1	22. NAM	AND ADDRESS O	F FACILITY				
	Jane Mille				RICH FUN					D.
	23. PART I. Enter the diseases, or complications the ahock, or heert fellure. Liet only one ce	nt ceused the de use on each line	ath. Do no	ot enter the	mode of dying,	such as cardiec	or reapl	ratory an	reat,	Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	chem	ci-	Car	liva		e.			Onset and Death
	DUE TO	Cherry O (OR AS A CONSECUTION CO	DUENCE OF)	<b>S</b>	` 0		5	٩.		1
TION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEC	DUENCE OF)	cole	e st	eart	de	rea	LL	6 mos
FICA	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events  C. Duc To	CRACLO (OR AS A CONSEC	DENCE OF	a	rtery	os clu	Ode	یا		
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions contributing to	death but not r	eeuiting in	the underly	ing cause give	ı in Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Cuterocalitis for	m Clo	etre	Rim	Diffe	eile 1	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ							,			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH	(Check only one)				
rsic	EXAMINER?  1 VES 2 NO 1 No 1 No 1 Inpution 2	ER/Outpatient 3		OTHER:	lome 5 - Rasider	ce 6 Other (Sc	ecify)			
	1 25 Natural 5 Pending	F INJURY Day, Year)	26b. TIME INJU	RY	INJURY AT WORK? YES 2 NO	28d. DEŞCRI	BE HOW IN	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined building	OF INJURY — Al hor atc. (Specify)	me, farm, str			28f. LOCATIO	N (Street e	nd Number	or Rural A	oute Number,
E										
COMPLET	(Check only one)  CERTIFYING PHYSICIAN: To the best of medical examiner: On the basis of other persons of the certification of the basis of the certification of the certificatio	f my knowledge, dei examination and/or i	eth occurred nvestigation,	at the time, of	ata and place, and i, death occured at	dua to the cause(s the time, data and	) and man place, and	ner an stat f due fo th	ed. e cause(a)	and manner as stated.
H N	29b. SIGNATUME AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER		29d. DATI	E SIGNED	(Month, Day, Year)
70	30 AME AND APP RESS OF PERSON WHO COMPLETED CALL	SE DE DEATH (ITC	1 27) /3 1	Delasti	D 2	9505		<b>&gt;</b> 7	7-19	7-94
					EADY H	380. OK	ISE	FLD	MD	21817
	GREGORIO M. BELL  31. DATE FILED (Month, Day, Year)  32. REGISTR.	AR'S SIGNATURE				-1.9	(JF)	w - 4P	1	-101/
5	111 15 1994 Puiste	niem-Rud	سالم							



		1 - STATE REGISTRAR	STATE OF MARYL				HEALTH AND I DEATH	MENTAL HYGIE! REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			TIME OF DEATH	
		ELISABETH HANS	SEL ANDERSO	N					1994	EAR 5	:55 AM	
25		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	n yrs. lest i		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1.0		CE (State or Foreign	
2		377 40 0303	□ M 2 🔀 F   87	7	YRS.	ITHS DAYS	HOURS MIN.	(Month, Day, Year) May 7, 19(	07 We		irginia	
should	_	9a. FACILITY NAME (If not institution, give street			9b.	CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY			
2.3	СТОВ	Bel Air Convalescer	nt Center, 1	nc.			Bel Air		F	arfo	rd	
7 3	1 W 1	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCA	TION			100	I, INSIDE CITY	
[3]	DIR	Maryland H	arford			Ве	el Air				LIMITS?	
	A	10e. STREET AND NUMBER				10	f. ZIP CODE		10g. CITIZEI		COUNTRY?	
Neg Control	FUNERAL	34 Lake Drive					21014			USA		
020. physician. burial-transit	5		2. WAS DECEDENT EVER IN FORCES? 1 YES					IIC ORIGIN? (Specify Ye	e or No- 14		American Indian, hita, etc.	
the phy	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		<b>,</b>		S 2 X NO Specify	n, Puerto Ricen, etc.) /:		Specify		
as as	ED E	15. DECEDENT'S EDUCAT	TION I	10- DEC	EDENT'S HOLI						white	
_ 5	E	(Specify only highest grade co	mpleted)	(Give	e kind of work	done during me	ost of working	16b. KIND OF BU	JSINESS/INDUS	IRY		
		Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)	Cle	rk			U.S. Go	wernme	nt		
the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S NA	ME (First, Middle, Maider		110		
# 8 4 X	ш	Matthew Ernest H	ansel				Elisa	beth Jane	Jones			
MARY retained b 5 should I	0 B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	PRESS (Street	and Number or Rural I	Route Number, City or Tox	wn, State, Zip Co	de)		
2 5 5	F	Hansel H. Anderson		50	Yorks	shire	Court, E	lizabethto	own, PA	17	022	
ORE, le 6 may be ector, page must be r		20a. METHOD OF DISPOSITION 1 □XBurlal 2 □ Cremation 3 □ Remove	al from State Com	PLACE AN	ID DATE OF DI	SPOSITION (N	ame of	DATE 20c, LO	OCATION — CIT	or Town,	State	
Page 6 al directo		4 Donation 8 Other (Specify)		it. Z	ion U			m. 7/27/94	Bel A	ir,	Maryland	
death. Page 6 may be funeral director, p. J.		21. SIGNATURE OF FUNERAL SERVICE LICEN	a All 1				ND ADDRESS OF FA	omas III F	hineral	Home	P A	
AG L 2 G		steplly U	: Aucely	,		1317	Cokesbur	v Road . Ah	nadon	. Md		
n by		23. PART I. Enter the diseases, or cor shock, or haert failure. Lis	nplications that caused	the deal	th. Do not e	enter the mo	ode of dying, suc	h as cerdiac or resp	olratory arres	t,	Approximata Interval Between	
		IMMEDIATE CAUSE (Final	MEDIATE CAUSE /Final					Artin Direcci				
L adb		disease or condition resulting in death)	- ('3)	LON	Any	Ana	of Dire					
2 2 2 3 S			DUE TO (OR AS A	CONSEQU	JENCE OE							
ecu ecu	CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
BOX cate be en hysician a prior to pr traum	Ä	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	the	ete	K.~						
e phy	F	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEQU	JENCE OF):							
V. 5 5E F	F	resulting in death) LAST										
2 E 2 ~		PART II. Other algnificent conditions	contributing to death by	ut not re-	audilee le Ab	a medadala	- I - COLO - COLO - COLO	8-10 L				
T and the	CAL	The state of the s	outility to death bi	at not re:	suiting in ti	e underlyin	g cause given in	Part I. 24a. WAS AF PERFO	RMED?	AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE	
	ED							1 YES	2 NO		DEATH?	
- 6 6 6 E	Σ	DID TOBACCO USE CO	NITPIRITE TO	CALICE	OF DE	EATL V	EC C NO	_		1 [	YES 2 NO	
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	NATIONAL TO V	CAUSE	OF DE		ES NO					
F VITAL SICIAN: The law certificate has the State Dept to or item 23	SIC		IOSPITAL:	atlent 3	DOA ST	HER:	ne 5 🗆 Realdenca					
OF V PHYSICIA bhis certif with the ted, or	РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF	28c. IN.	JURY AT	28d. DESCRIBE NOW	INJURY OCCUP	RED		
ON OF ING PHYS fee this cleath with marked,	ВУР	1 Netural 5 Pending 2 Accident Investigation	(MONIN, Day, rear)		INJURY		YES 2 NO					
VISION OF VITA ATTENDING PHYSICIAN: The CCTOR: After this certificate h s after death with the State [ 28 Is marked, or item		3 Suicide a Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At hom	e, ferm, street	t, factory, offic	a	28f. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,	
DIVISION OR ATTENDING ORECTOR: After hours after death item 28 is mai		4 Nomicide determined						ony or rown, order				
DIV L OR A L DIREC Phours	MPLE		N: To the best of my knowl	edge, dest	h occurred at	the time, date	and place, end due	to the cause(a) and ma	nner as stated.			
HOSPITAL FUNERAL within 72 I	COM	one) 2 MEDICAL EXAMINER:								ause(a) and	d manner ee stated.	
E FUI	шШ	29b. SIGNATURE AND TITLE OF CERTIFIER	1		-		29c. LICENSE NUN	ABER	29d. DATE S	IGNED (Mo	nth, Day, Year)	
TO THE HOSPI TO THE FUNEF De filed within	0 8	Sup. 1	10				D350	889	D 7	1/24	194	
	~ 1											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (P.D.P. PYINI)

22. REGISTRAR'S SIGNATURE

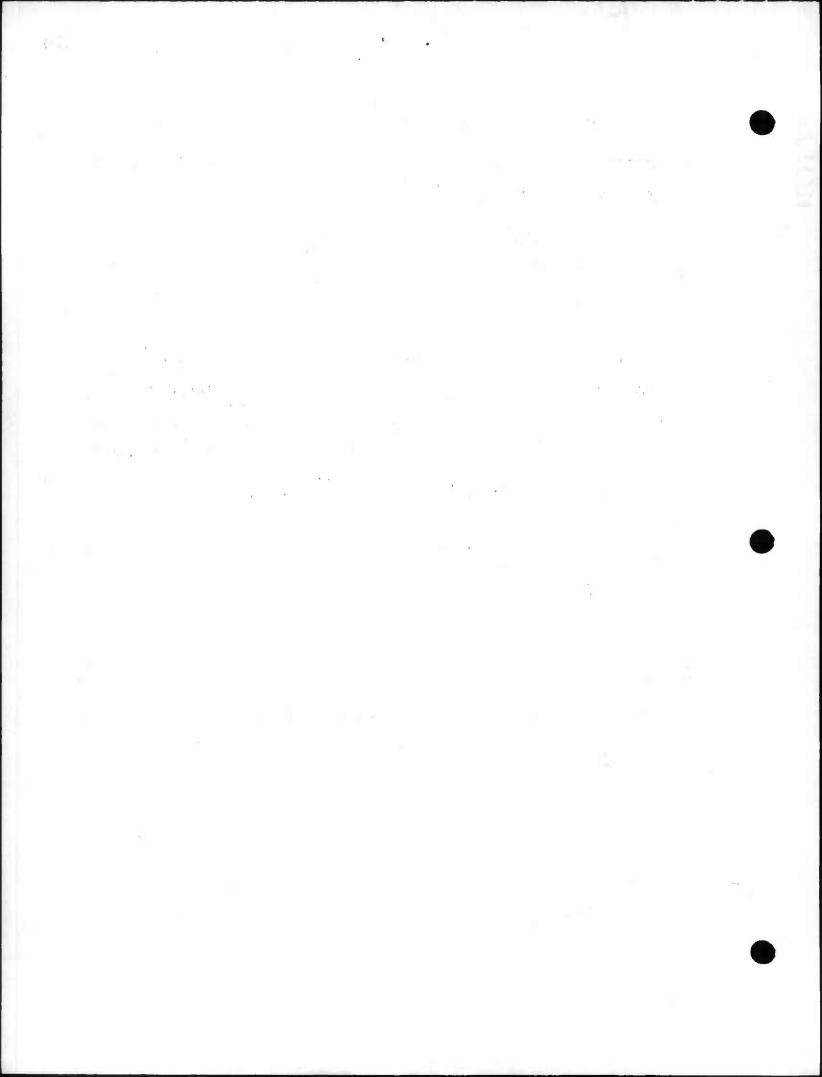
2

31. DATE FILED (Month, Day, Year)

25 1994

Bel Air, and Dio

Approximata Interval Between Onset and Death

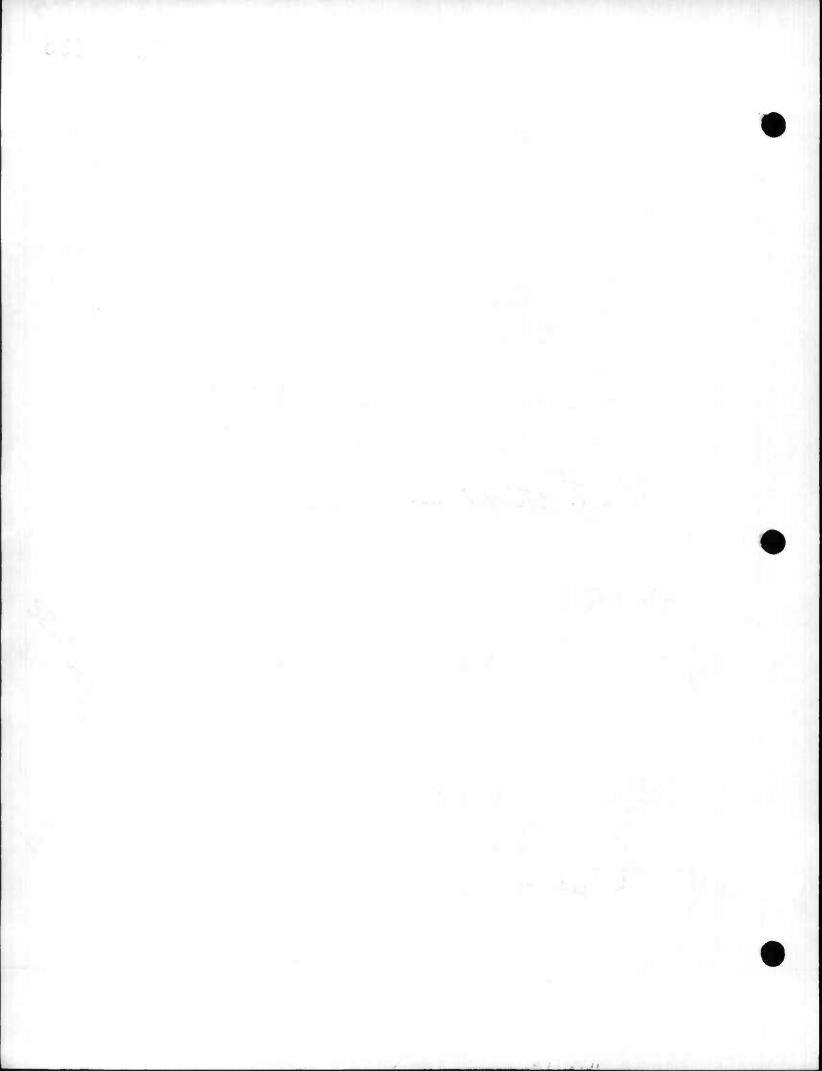


	1	e .	nast)
40.0	in ter	- Sermi	<b>5</b> 348
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permoval.	Ilcal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Find be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
EVA ELIZABETH	ARMWOOD					1, 1994	12:05 A. M
A STATE OF THE STA			F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		PRTHPLACE (State or Foreign
215-18-0429 1 9e. FACILITY NAME (If not institution, give street	and number)	YRS.		OR LOCATION OF D	Oct. 31,	1000	eorge's CO.MD
Wellington Manor N	ursing Hom	e	Clin	ton		Prince	George's
10e. STATE 10b. COUNTY		10c. CITY,	TOWN DR LOCAT	TION			10d. INSIDE CITY
District of Columb	ia		Washin	gton			1 X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?
208 Portland Stree				20032			States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2X ND	If yes, sp		NIC ORIGIN? (Specify ) in, Puerto Rican, etc.) y:	S	NACE — American Indian, Black, White, etc. Specify: Negro
15. DECEDENT'S EDUCATI	ON	16a. DECEDENT'S US	BUAL OCCUPATION	ON	16b. KIND OF B	USINESS/INDUSTR	merican
(Specify only highest grade com Elementary/Secondary (0-12) C	oflege (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	rk done during mo retired.)	st of working	1100		
11		Reti	red - D	omestic	Pr	ivate	
17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maid	en Sumame)	
William Thomas				Eliz	abeth You	ng	
19a, INFORMANT'S NAME (Type/Print)					Route Number, City or To		
Maurine Johnson					S. E., Wa		
20a. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremation 3 □ Removal		<ul> <li>PLACEAND DATE OF netery, crematory or othe</li> </ul>				LOCATION — City of	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS		netery, crematory or othe ational Me		Park  D ADDRESS OF FA		Laurel,	Maryland
MO TO	1 1			RT FUNER			
23 PART I. Enter the diseasea, Dr com	Couran	711_					gton, D.C.
ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Cardiac DUE TO (OR AS	Arrest A CONSEQUENCE OF):	Disea	se			Interval Batween Onset and Death
cause, Enter UNDERLYING	Dementia	A CONSEQUENCE OF):					Li Ti
PART II. Other algolificant conditions of	ontributing to deeth i	out not resulting in	the underlyin	g cause given in		DRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	OSPITAL:		THER:		6 Other (Specify)		
27. MANNER DF DEATH 1 ☑ Natural 5 ☐ Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		28d. DESCRIBE NOV	V INJURY OCCURE	0
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre	eet, factory, offic	•	281. LOCATION (Stree City or Town, Sta	nt end Number or Ru te)	rel Route Number,
29a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PNYSICIAN 2 🗌 MEDICAL EXAMINER: 0							ree(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	a, 0	mn.		29c. LICENSE NUI			NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO CO			rint)	D25640	)	July	14, 1994
Khosrow Davachi, M		Southern	,	S.E., S	Suite 202,	Washing	20032 gton, D.C.
JUL 1 9 1994	1 75 DECIGERADIO CION						



7-21-94

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1 - REGISTRAR	CERTIFIC	CATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Leet)  BLSSie BLOGN	ie Virginia			2. DATE OF DEAT		94	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 218-09-1531 1 0 M 2 1 F	8. AGE (In yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	nr)	8. BIRTHP Country)	PLACE (State or Foreign		
TOR	9a. FACILITY NAME (if not institution, give street and number)  Carroll County General Hospital Westminster Carroll  RESIDENCE OF DECEMENT									
DIRECTOR	Maryland Carroll Union Bridge							10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER  4 N. Farquhar St.		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRYS							
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED  YES 2 NO WAR OR DATES	S 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Biec					— American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 -	) Iffe. Do NOT use	rk done during mo retired.)	ON st of working		F BUSINESS/II				
ME	17. FATHER'S NAME (First, Middle, Last)	seams	tress	40 1407145010 141		ewing		î y		
BE CC	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surmame)  Archie Baugher  Goldie McBride									
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A		nd Number or Rural I						
	Robert C. Bloom	P.O. B			Bridge,					
	1 N Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetory or other Mountain Vi	r place)		7/20	LOCATION -				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	blew	22. NAME AN	ion Brid	D.D.	Hartz				
	23. PART I. Enter the diseases, or complications the shock, or heart feliure. List only one cau	t caused the death. Do no	enter the mo	de of dying, suc	h ss cerdisc or r	espiratory s	errest,	Approximate		
	IMMEDIATE CALISE (Fine)									
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  CONGESTIVE HEART FAILURIE DAYS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent conditions contributing to	deeth but not recuiting in	the underlying	g cause given in	PER	S AN AUTOPS RFORMED? ES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PL	ACE OF DEATH (Ch	ock only one)					
IXSI	1 YES 2 NO 1 Inpetient 2	ER/Outpatient 3 DOA 4	☐ Nursing Hom	a 5 🗆 Raeldence						
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	ay, Year) INJUF	M 1 🗆	RK? YES 2 NO	28d. DESCRIBE N					
ETED	4 Hemicide determined	F INJURY — At home, farm, streets, (Specify)			281. LOCATION (St City or Town, S	State)		ute Number,		
COMPLETED	29s. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of a							and menner as stated.		
BE	296, SIGNATURE AND TITLE OF CERTIFIER	- 0 n	10	DO 16		29d. D	TE SIGNED	Month, Day, Year)		
10		con TR	rint) &	ANC HO				1157		
		R'S SIGNATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the Hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pen be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/8

10-16-6

90 must examiner traumatic event, the medical or other 23 shows any certificate has be the State Dept. or item this certifi

DIRECTOR: After the hours after death v

9

30 NAME AND ADDRESS OF PERSON WHO COMPLATED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Jalia Davidson Rardall

22 S. GRZZNE ST.

MI)

1994

DENNIS WANG

JUL

31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JOSE PH M. BROWN 3:09 SR 07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH DAYS HOURS 4/30/08 1 M 2 | F 258-22-2242 86 Georgia 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR University of Maryland Hospital Baltimore city RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Edgewood 13 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 302 Regina Road 21040 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES ZONO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married 1 TES 2 NO BY Specify: Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 0 Heavy Equip. Mechanic Construction 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Janie Lunsford notified at Dempsey Brown 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. LaDonna Zimmerman 128 South Parke Street, Aberdeen, Maryland 21001 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 ☐ Buriel 2 ☐ Cremation 3 ☑ Removal from State
4 ☐ Donation 6 ☐ Other (Specify) Hillcrest Cemetery 7/14 Bowman, Georgia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Brain HnoxIC resulting in death) CERTIFICATION Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST accidenta PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: NO I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 M Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 7/6/94 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF marked, 1 Natural 5 Pending Investige af Fell 1 YES 2 NO home B 2 Accident 26s. PLACE OF INJURY — At home, ferm, atreat, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 28 is i 6 Could not be COMPLETED 4 Nomicide Home 302 REGINA EDGEWOOD, MI TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT; It Item 29 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and m 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and pl 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 Xlenno

BALTIMORZ

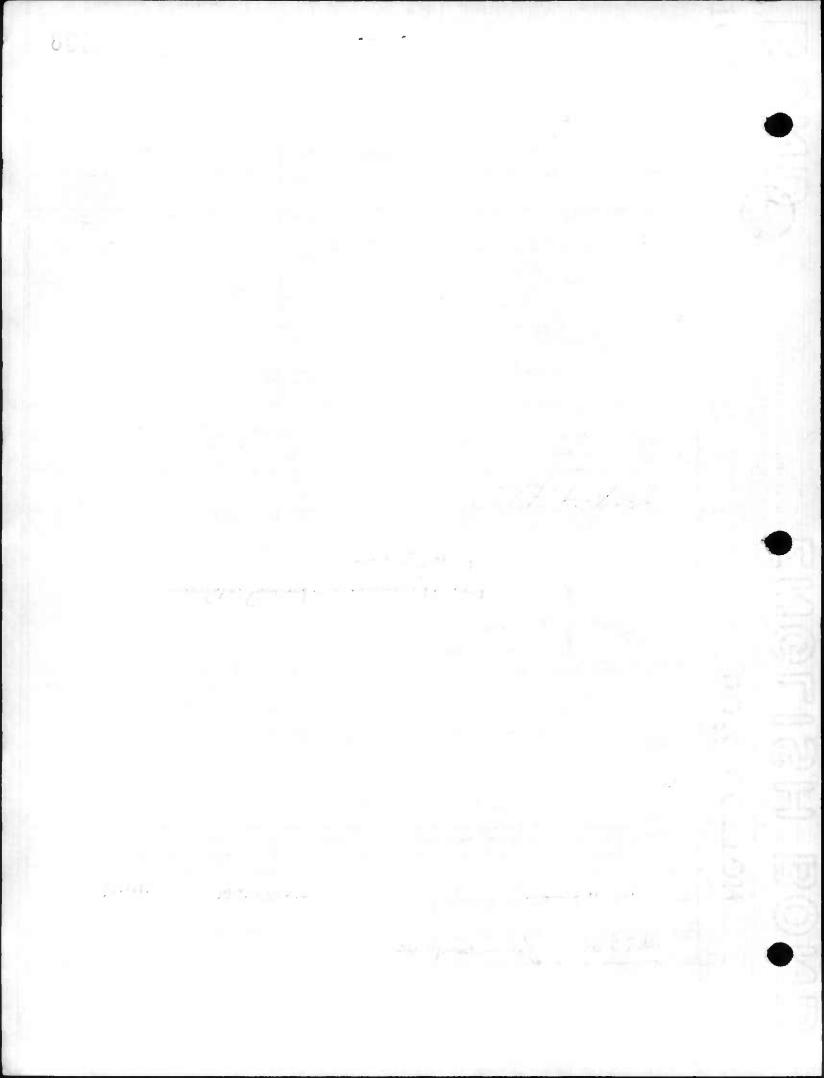
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	e retained	5 should	notified
	в 6 тау б	ector, page	must be
	death. Pag	funeral dir	xaminer
	Jours after	d in by the	medical
	within 24	pletely fille cremation.	ent, the
	executed	in and com	imatic ev
	ertificate be	ing physicia	other trai
( )	the death o	the attendi	njury, or
	Ξ	3	>
	uires tha	Signed Health	WS 3r
	The law requires that	e has been signed	m 23 shows ar
	IYSICIAN: The law requires that	is certificate has been signed of the State Dept of Health a	ed, or Item 23 shows ar
	INDING PHYSICIAN: The law requires that	R: After this certificate has been signed or death with the State Dent of Health a	Is marked, or Item 23 shows ar
	AL OR ATTENDING PHYSICIAN; The law requires that	L DIRECTOR: After this certificate has been signed a hours after death with the State Deet of Health a	f item 28 is marked, or item 23 shows ar
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 wours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 70 hours after death with the State Pear of Health and Mental Hydiere prior to burial cremation, or restroyal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF H	EALTH AND I		HYGIENE REG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)		02.11.11.10	AIL OI	DEATH	2. DATE OF	OEATH		3. TIME OF DEATH
	ELIZABETH R	. BLANCHF	ELD			July	12, DAY	1994	0055 M
	4. SOCIAL SECURITY NUMBER		,	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF (Month, D		8, BIF	THPLACE (State or Foreign untry)
	222-05-6813  9a. FACILITY NAME (If not institution, give	1 □ M 2 ☒ F 75	YRS.		R LOCATION OF OR		-1919		elaware
TOR	Union Hospital			Elkto	n			Ceci	1
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	Castle		OWN OR LOCAT	rges				10d. INSIDE CITY LIMITS?
0	10e. STREET AND NUMBER	astre	72 00		ZIP CODE	in the	1	On, CITIZEN O	YES 2 NO
ERA	4 Delaware St	4 Delaware Street			19733		USA		
Y FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	13. WAS DECI	ENDENT OF HISPAN pelfy Cuben, Maxica 2, J-NO Spec/h	n, Puerto Rici	Specify Yea or in, etc.)	Bi	ACE — American Indian, ack, White, etc.
D BY	3 Widowed 4 Divorced								white
IE	15. DECEDENT'S EOU (Specify only highest grade	e completed)	(Give kind of work life, Do NOT use re	done during mos	N st of working	16b. Ki	ND OF BUSINI	ESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema)	ker		Н	omema	aker	
CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ALCOHOL: NO.	dle, Maiden Sur	mame)	
BE	Wesley Reyne	olds	195 MAILING AD	DDESS /Street o	NO Red		Oh, or Fran S	State Tin Codel	
5	William L. B	lanchfield			st.,s				19733
	20e. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ren  4 Donation 5 Other (Specify)	novel from State 20t	enetary, crematory or ownsend (	other place)		7/14		rion – city or	Town, State , Delaware
	21. SIGNATURE OF FUNERAL SERVICE L		WIISEIIU (	22. NAME AN	D AOORESS OF FA	CILITY		100110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Political	CILE.		212 N	LS & H	d St.	, Midd	dleto	wn,De.
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	the death. Do not set line.		da of dying, suc	h aa cardia	c or respirat	Dry arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to death b	ut not resulting in t	he undarlying	g cause given in		PERFORME	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)			
YSIC	1 YES 2 X NO	HOSPITAL:		THER:	e 5 🗆 Residence	6 🗆 Other (5	Specify)		
BY PH	27. MANNER OF DEATH  1 Setural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C INJUR	Y WO	URY AT RK? /ES 2 NO	28d. DESCR	RIBE HOW INJ	URY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stre	et, factory, offic			ON (Street and Town, State)	Number or Rui	ral Route Number,
COMPLETED	one)	SICIAN: To the best of my know							ee(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIC	ER .			29c. LICENSE NUI	MBER	2		IED (Month, Day, Year)
TO B	Venter				(1-0	00153	1	► 711°	319
_	30. NAME AND ADDRESS OF PERSON W		ington S	Treet	,Middle	etown	De.	19709	
	31. DATE FIJER (Menth 1 Days Mar)	32 REGISTRAR'S SIGN	ATURE MANDELL						



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle,	7			2. DATE OF DEATH DAY	YEAR	E OF DEATH
Andrew  4. SOCIAL SECURITY NUMBER	SCOTT 6.A	Bates GE (In yrs. lest birthday)	F UNDER 1 YEAR		1994 1( 8. BIRTHPLACE	0:30P
533-64-9829	1 🕅 M 2 🗆 F	36 YRS. MC	NTHS DAYS HOURS MIN.	March 20,1	958 Wash	
9a. FACILITY NAME (If not institution,  20500 Marti RESIDENCE OF DECEDEN	nsburg Road		Dickerson	DEATH 9	c. county of death  Montgome	ery
10a, STATE 10b, Co	OUNTY Montgomery		OWN OR LOCATION		10d, II	ISIDE CITY
Maryland N	Ton egomery	Die	ckerson			YES ZONO
20500 Martin	sburg Road		101. ZIP CODE 2084		America	
11. MARITAL STATUS  1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR O	ES 2XXO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Max 1  YES 2 ND Spe		Black, White	orican Indian, , alc. White
15. DECEDENT'S (Specify only highest	B EDUCATION grade completed)	16a. DECEDENT'S US (Give kind of worl life. Do NOT use n	k done during most of working	16b, KIND OF BUSINE	ESS/INDUSTRY	
Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	Teach	,	High S	School	
17. FATHER'S NAME (First, Middle, La	,		18. MOTHER'S	NAME (First, Middle, Maiden Sun	neme)	1200
J. Lamber			Ala	_Jean_Odum		
190. INFORMANT'S NAME (Type/Print) Jonathan M.		20500	Martinsbur	al Route Number, City or Town, S g Rd., Dick	terson, M	42 arylar
20a. METHOD OF DISPOSITION 1		20b. PLACE AND DATE OF Cometery, crematory or other		DATE 20c, LOCAT	ION — City or Town, Sta	to
4 Donation 6 Other Specify			v Crematori	um 7/26 Bet	hesda, Ma	rylan
21. SIGNATURE OF FUNERAL SERVI	P V	•	01in L. Mo	lesworth,	P.A. Fune	ral H
/ Novert	(. Willes	ms		e Rd., Dama		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR A		-7 F.	nilu-e		nterval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR		24-			
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):				
PART II. Other aignificant con-	ditions contributing to deel	th but not resulting in	the underlying ceuse given			AUTOPSY FINDING
CMU	retun	16-12		PERFORME  1 YES 2X	COMPS OF DE	BLE PRIOR TO LETION OF CAUSE ATH? 'ES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		28. PLACE OF DEATH	Check only one)		
1 TYES 2 NO	1 🗆 inpatient 2 🗆 ER/		THER:  Nursing Home 5 Basidene	ca 6 🗆 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investige		RY 28b. TIME ( er) INJUR	PF 28c. INJURY AT WORK?  M 1 YES 2 ND	28d. DESCRIBE HOW INJU	JRY OCCURED	
3 Suicide 8 Could n 4 Homicide determin	28e. PLACE OF INJ	URY — Al home, farm, stre Specify)	et, factory, office	281. LOCATION (Street and City or Town, Stafe)	Number or Rural Route Nu	imber,
anni			at the time, date and place, and o			enner as stated.
296. SIGNATURE AND TITLE OF CER	YTIFIER		29c. LICENSE	IUMBER 21	9d. DATE SIGNED (Month)	Day, Year)
15	Lohy			626	July 2	3, 199
P. G. Raus						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	IGNATURE WEST	7th Street,	Frederick	Marylan	d
JUL 271	1994 Julie de	mater lange				



Tour L. Williams

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FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEA	\TH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH
	Elizabeth Mae BA	CHTELL			100	MONTH	DAY	94"	1245 ·
	4. SOCIAL SECURITY NUMBER	S, SEX 6. A	GE (In yrs. last birthday)	UNDER 1 YEAR   IF UND	ER 24 HRS.	7. DATE OF BIR			0373
	214-09-6846	Comment of the Commen		NTHE DAYS HOURS	_	(Month, Day,	Year)	Count	IPLACE (State or Foreign ry)
			00 THS.			Dec. 1	,1913	Man	ryland
	8a. FACILITY NAME (If not institution, give		98	CITY, TOWN OR LOCA	TION OF DE	ATH	9c. CO	UNTY OF D	EATH
9	Washington Count	y Hospital		Hagersto	wn		Wa	shing	gton
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATION					10d. INSIDE CITY LIMITS?
<u>a</u>	Maryland Wash	ington	Hag	erstown					1 X YES 2 NO
7	10s. STREET AND NUMBER			101, ZIP CO	OF		ton Cr	TIZEN OF Y	WHAT COUNTRY?
B	901 Oak Hill Ave	D110			742		log. G		
BY FUNERAL								USA	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13. WAS DECENDENT If yes, specify Cut	OF HISPAN	IC ORIGIN? (Spe	cify Yes or No-	14. RACI	E — American Indian, k, White, etc.
>	3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES 2 X NO			w.c.,	Spec	
	3   Wildowed 4   Divorced			1				whi	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16e. DECEDENT'S USI	JAL OCCUPATION done during most of work	blee	16b. KIND	OF BUSINESS/IN	IDUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	KING				
집	12	0	clerk			ci	ty of H	agers	stown
8	17. FATHER'S NAME (First, Middle, Last)			14 140	THEO'S NA	ME (First Middle	Maiden Surname)		-
Ö	Charles W. Ecton					E. Haff			
BE									
2	19a, INFORMANT'S NAME (Type/Print)			DRESS (Street and Numb					
-	Jack Reynolds		49 Mea	ley Parkwa	іу, На	agersto	wn, Mar	yland	1 21742
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF D			DATE	20c. LOCATION -	- City or To	own, Stata
	1 Buriel 2 X Cremation 3 Ran 4 Donation 5 Other (Specify)	ioval from State	Cometery, cremetory or other Hagerstown	Cromatory	7 -	26-04	Uncare	torm	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Hagerstown				nagers	LOWII,	Maryrand
		mn	/	MINNICH F	UNERA	T HOME			
	acout,	100 16	much	415 E. Wi	1son	Blvd	Hagers	town.	Md. 21740
	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do not						Approximata
	ahock, or heart fellure.	List only one ceuse of	n each line.		,,	^	. roupiratory a		Interval Between
	IMMEDIATE CAUSE (Final disease or condition	4/2	1 1 1	7-					Onset and Daath
	resulting in death)	a	sprioto	un of a	en	ue			man,
		DUE TO (OR A	AS A CONSEDUENCE OF):	0					,
z		n 191	ucu on	10-					060-
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR A	AS A CONSEDUENCE OF):			-			0
ΧI	cause. Enter UNDERLYING								
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR /	AS A CONSEQUENCE OF):						1
E	resulting in death) LAST	·							
ij		d							
2	PART II. Other algnificant condition	na contributing to deat	h but not resulting in t	he underlylna cause	alven in i	Part I 24a 1	WAS AN AUTOPSY	246	. WERE AUTOPSY FINDINGS
DICAL	(* 0			mode	American de m		PERFORMED?	240	AWAILABLE PRIOR TO
ă	- Chico	00 100	10	your	MIC	- 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME	CD 00	to a 11	4.1-70	5.1110					1 YES 2 NO
	30,79	Ames A	9		,				
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF	DEATH /Che	ook ook ook)			
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:					
75	1 YES 2 NO	1 Inpetient 2 ER/C		Nursing Home 5 1	Residence				
표	27. MANNER OF DEATH	(Month, Day, Yea				28d. DESCRIBE	HOW INJURY OF	CCURED	
B√	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2	☐ ND				
	3 Suicide 8 Could not be	28e. PLACE OF INJ	URY — At home, farm, stree	it, factory, office	11	28f, LOCATION	(Street and Number	er or Rural I	Route Number,
<b>E</b>	4 Homicide determined	building, atc. (S	Specify)			City or Town	n, State)		
COMPLETED	29a. CERTIFIER								
E I	(Check only		nowledge, death occurred a						
5	2 MEDICAL EXAMIN	ER: On the basis of examin	ation and/or investigation, is	n my opinion, death occ	ured at the	time, data and pi	lace, and due to	the cause(s	n) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	A /	)	290 110	CENSE NUM	IBER	204 DA	TE SIGNED	(Month, Day, Year)
H H	110	7. Fe	ua in		) 190	200	290. UA	/2//	Co //
2	20 NAME AND ADDRESS OF THE	10.0000	1/4		110	7	-//	14	14
	30, NAME AND ADDRESS OF PERSON WI	PURA		CL ST. H	6160	TRR TA	7/11/	Wa	2/700
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S S	CNATURE	01.13	7090	3/6	my 1	THE	-1,40
	JUL 26199	14 Julia Da	nden fudal						

FOR STATE

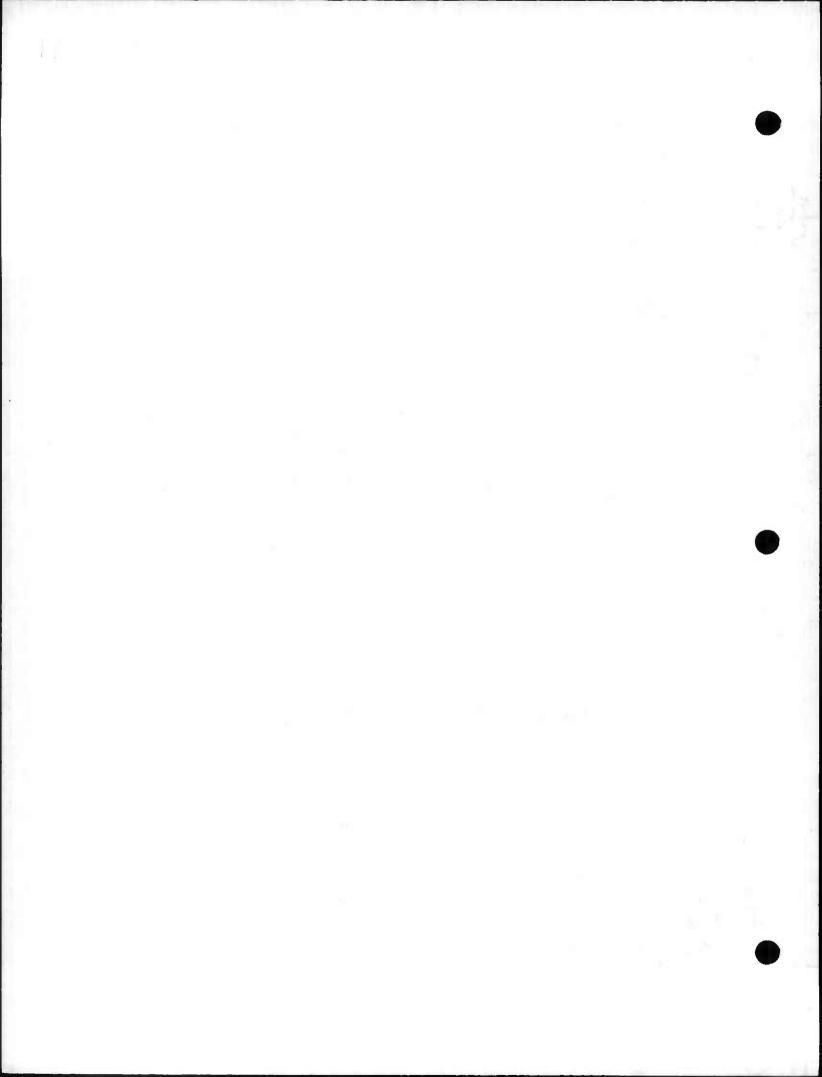
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle Last) ROIANG JOS	eph Bourde	au Sr.			2. DATE O	F DEATH		YEAR	Z39 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HR	(Month.	Day, Year)	· •		(State or Foreign
	171-24-5670	1 X M 2 □ F	69 YRS.			3-23	-1925		Canada	
œ	9a. FACILITY NAME (If not institution, give street and number)  Washington County Hospital				OWN OR LOCATION OF	FDEATH			Y OF DEATH	_
6	RESIDENCE OF DECEDENT		наде	erstown			wası	hingto	n	
Ä	10a. STATE 10b. COUNTY	1	10c. CI	TY, TOWN OR	LOCATION				10d. I	NSIDE CITY
ō	Maryland Wash	ington	Hac	erstov	vn					YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER				10f. ZIP CODE			1.00	EN OF WHAT C	OUNTRY?
<u> </u>	1161 Hamilton Bou				21742				S.A.	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 K Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	ES 2 NO	2 NO If yes, specify Cuban, Maxican, Puarto Ricar, etc.) Blects 1 YES 2 NO Specify: Specific			4. RACE — An Black, White Specify: White	nerican Indian, a, atc.		
	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S	S USUAL OCC	IPATION	16b. I	UND OF BUS	INESS/INDU		
ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done duri use retired.)	ing most of working					
MPL		3	Persona	ıl Mana	ager	T	ruck	Mfg. 1	Plant	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Mi		Surname)		
BE	Nolas Bourdeau					Gagnier				
2	19a. INFORMANT'S NAME (Type/Print)  Hazel M. Bourdeau		1		itreet and Number or Au					nd 21742
	20n. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	<del></del>		ty or Town, St	
	1 Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Rest Have	other place!						
1	21. SIGNATURE OF FUNERAL SERVICE LIC		TICDE TICTE	22. NA	ME AND ADDRESS OF	FACILITY				
	1 lipuntar	NSTI		1 -	glas A. Fi					The second second
	23. PART I. Enter the diseases, or o	complications that car	used the deeth. Do	not enter th	eral Home	ouch as cardi	agers	COWI1		1742
	abock, Deneart failure.	List Dnly one ceuse D	n eech line.			~				Interval Between Onset and Death
l	disesse or condition resulting in death)	· Culcec	av (see	ته لط	ear Du	eaul			į,	
ĺ	Traditing in doutry	DUE TO (OR	AS A CONSEQUENCE	DF):						
Z	Sequentially list conditions,									
ATK	If sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR /	AS A CONSEQUENCE (	OF):					1	
임	CAUSE (Disesse or injury that initiated events	cDUE TO (OR /	AS A CONSEQUENCE (	OF):					-	
CERTIFICATION	resulting in desth) LAST	d								
	PART it Other elgoificent condition	a contributing to do	th had not recalling	In the second	alida a sanati di	Ja Bank I				
EDICAL	PART II. Other significent condition	s contributing to deer	in but not resulting	in the unde	riying ceuse given		PERFOR	MED?	AMAIL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE
ED							1 TYES 2	-40	OF DE	EATH?
Σ	DID TORACCO LICE	CONTRIBUTE	CALICE O	E DEAT	. VEG .				10	YES 2 NO
PHYSICIAN:	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE	IO CAUSE C		26. PLACE OF DEATH	(Check only one				
SIC	EXAMINER?	HOSPITAL:	Outpetlant 3 🗆 DOA	OTHER:	g Home 5 🗌 Residen	ce 6 🗆 Other	(Specify)			
Ή	27. MANNER OF DEATH	26a. DATE OF INJU (Month, Day, Ye			Ic. INJURY AT WORK?			NJURY OCCU	IRED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(moral, bay, ro			1 YES 2 NO					
	3 Suicide 6 Could not be datarmined	26a. PLACE OF INJ building, etc. (	IURY — At home, farm, (Specify)	atreet, fectory	, office		TION (Street a Town, State)	ind Number or	Rural Route N	umber,
COMPLETE	onel	ICIAN: To the best of my k								menner on eteted
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE		- y rewall all			
H	Touse	Muler				7865	,		SIGNED (Mont)	
으	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF				-1 ,1		1		
	31. DATE FILED (Month, Day, Year)	, 32. REGISTRAR'S		54	mill S	T. Ho	ager.	stow	n Mc	2/740
	1111 2.2 100 4	TALL AT	- A				1			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760



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PHYSI	this c	with	had
)ING	After	death	-
TEN	70R:	after	29 14
OR A	DIREC	hours	-
PITAL	ERAL	n 72 I	T. 10
HOS	FUNE	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DTANT. If them 20 is marked as item 22 shows one interest of attention and the madical avantages must be notified at another
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	_					
(1	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH										
	Alice E	Alice E. Burke				July	22 19	94 11:15 AH				
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRE! (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
	214-09-4259	1 M 2 K F	86 yrs.	MONTHS DAYS	HOURS MIN.	Sept. 30,	Maryland					
	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH				
OR	Washington Count	y Hospital		Hage	erstown		Wash	ington				
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY											
8			Y, TOWN OR LOCA			10d. INSIDE CITY LIMITS?						
		ington		Hagerst	JW11			1 YES 2 NO				
₹ V	10e. STREET AND NUMBER			10	. ZIP CODE			OF WHAT COUNTRY?				
FUNERAL	867 Pine Street				2174	10	U.	.S.A.				
٦	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 TYES	U.S. ARMED			ANIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.				
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Spec			Specify: white				
								***************************************				
Ī	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of t	USUAL OCCUPATION Work done during me	ON est of working	166. KIND OF BU	SINESS/INDUST	TRY				
<u>w</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	-								
MP	•		nou	sewife								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	IAME (First, Middle, Maiden						
BE	Clarence	Wagner				Daisy New	wcomer					
2	19e. INFORMANT'S NAME (Type/Print)			NALING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
-	Mr. Richard Wagne	Blvd., Hagerstown, Maryland 21742										
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	ame of	DATE 20c. LO	CATION — City	y or Town, State							
	4 Donation 5 Other (Specify)	Cem	Rose Hil	.1 Cemete	ery	7-25-94 Ha	agersto	own, MD.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. /	, 22. NAME A	ND ADDRESS OF I	FACILITY Minnie	ch Fune	eral Home				
	Scott	Illen,	ruch					town, MD 21740				
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do r	not entar the mo	de of dying, au	ich aa cardiac or resp	iratory arreat					
	ehock, or heert fellure. Liet only one ceuse on each line.  Interval Betw Onset and Di											
	disease or condition resulting in death)											
	DUE TO (OR AS A CONSEQUENCE OF):											
z	Metabelia de eldre											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate											
S	cause. Enter UNDERLYING											
	CAUSE (Disease or Injury that initiated events Due TO (OR AS/A CONSEQUENCE OF):											
E	resulting in death) LAST											
ö	DART II Osh a darida an an alia											
AL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  AWAILABLE PRIOR TO											
MEDICAL						1 YES :	2 1110	COMPLETION OF CAUSE OF DEATH?				
핒								1 TYES 2 NO				
ż	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES   N	10 🗆						
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (	Check only one)						
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER: 4  Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)						
₹	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED				
	1 Netural 5 Pending	(Month, Day, Year)	100		PRK? YES 2 NO							
Э ВУ	2 Accident investigation 3 Suicide 8 Could not be	280. PLACE OF INJURY	— At home, term,	street, tactory, offic	0	28f. LOCATION (Street		Rural Route Number,				
H	4 Homicide determined	building, etc. (Spec	спу)			City or Town, State;	)					
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and manner as stated.											
₽ B	(Check only											
8	1 1		n encycr investigatio	on, in my opinion, o	wath occured at the	ne time, data and place, ar	na due to the c	suse(s) and menner as stated.				
<u></u>	296. SIGNATURE AND TITLE OF CERTIFIE	100 1/2	//		29c ALCENSE N	UMBER	29d. DATE SI	IGNED (Month, Day, Year)				

Tkmo

11110 Men. CAmpus Rd.

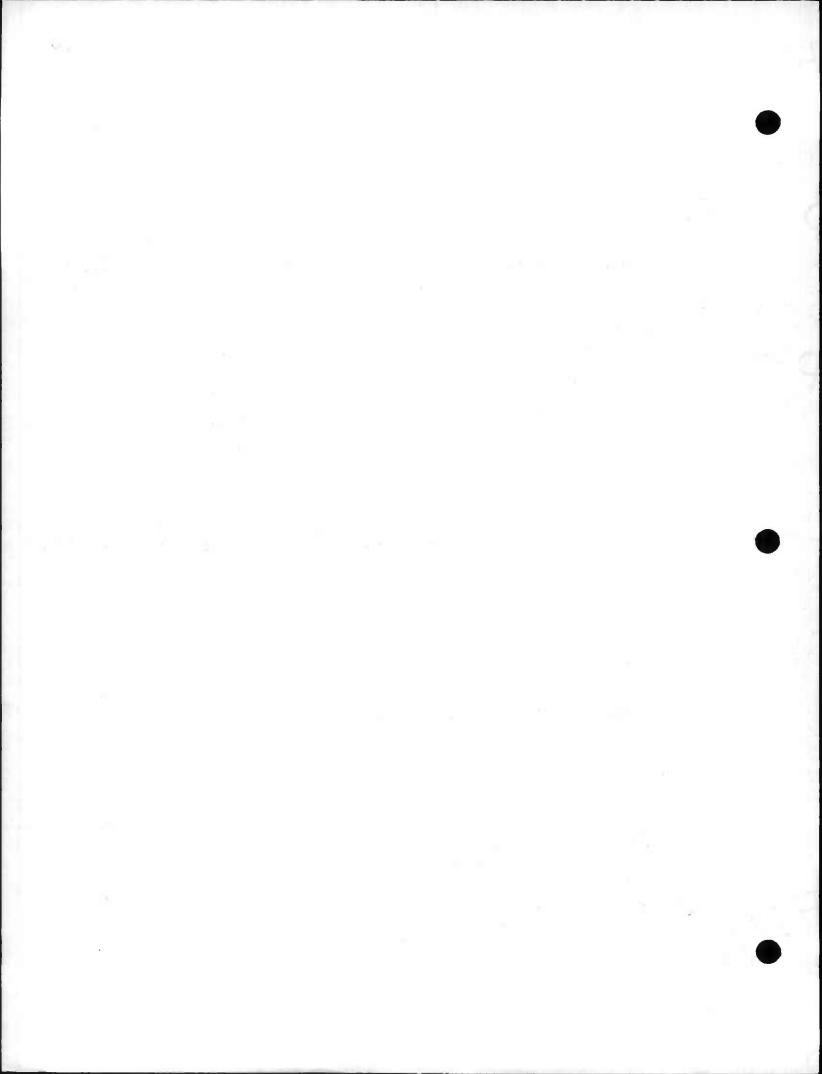
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	Sages.
BALTIMORE, MARYLAND 21215-0020	<ul> <li>hours after death. Page 6 may be retained by the hospital or attending physician.</li> <li>hilled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P. n., or removal.</li> <li>medical examiner must be notified at once.</li> </ul>
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. In the Hospital Day the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene, prior to burial, cremation, or removal.  INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)		2 DATE OF DEATH	

	TIEGIOTIVIT				CENTIF	ICAI	E OF	DEA	111	Rt	EG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH															
	JOHNNIE						JULY 15 1994				20:28	ΔM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In			6. AGE (In yrs.	last birthday)	ER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH 8.			8. BIRTI	8. BIRTHPLACE (State or Foreign			
- 8	213-05-5953 ¹\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			YRS.	S. MONTHS DAYS HOURS MIN				(Month, Day, Year) 2-28-1910			Country)				
	9a. FACILITY NAME (If not institution, give street and number)					9b. CIT	Y. TOWN	OR LOCATI	ON OF DE		-13	_		MARYLAND INTY OF DEATH		
œ	State of the State of the State of Stat								011 01 02	5411						
5	8810 ARCHER AVE.					_ DE	LMA	R				WIC	COMI	CO		
DIRECTOR	10e. STATE 10b. COUNTY				10c. CIT	Y, TOWN	OR LOCA	TION				-		10d. INSIDE CITY	$\neg$	
5	MD. WICOMICO					DEI	LMAF	?						LIMITS?		
	10e, STREET AND NUMBER					10f. ZIP CODE						10a CIT	TZEN OF	WHAT COUNTRY?	-	
FUNERAL			<b>3</b>									rog. Gr	IZEN OF	WHAT COUNTRY?		
W	8810 APCHED AVE.					21875								S.A.		
교	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 N										ecify Yea etc.)	or No-	14. RAC Blac	E — American Indian, ck, White, etc.		
В	3 ₩Idowed 4 Divo		IF YES, GIVE V	AR OR DATES	Λ	1 TYES 2 NO Specify:							Spec	WHITE		
	A 15 DEC	EDENT'S EDU	CATION	100						Local state						
TE	(Specify onl	y highest grade		164.	Give kind of	work done	during me	ON ost of working	ng	166. KIND	OF BUS	INESS/IN	DUSTRY		- 1	
3	Elementary/Secondary (	)-12)	College (1-4 or 5	•)	life. Do NOT u	se rearea.)	,									
M	6				PLU	MBEI	3						NESS	5		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18, MOT	HER'S NA	ME (First, Middle	, Maiden :	Sumame)				
BE	JOHN B	ENNET	T					G	RACI	E SEL	LER	S			- 1	
2	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRES	S (Street			Route Number, Ci			p Code)			
F	ROBERT	BENN	ETT		P.(	) . E	BOX	97 (	OUAN	TICO,	MD	. 2	1856	5		
	20a. METHOD OF DISPOSIT				CEANDOATE	OF DISPO	SITION /N			OATE				own, State		
	1-G Burlal 2 Crematic		tory or other place) M CEMETERY													
	21. SIGNATURE OF FUNERA	21314	22. NAME AND ADDRESS OF FACILITY								ط					
	1	11/	///													
	Leals	7.	mil				BOU	INDS	FUN	ERAL	HOM	E, S	SALI	SBURY, M	D	
	23 PART I. Enter the	1800303 0	complications that	1 caused the	death. Do i	no1 ente	r the mo	ode of dy	ing, auci	h ea cardiec e	or reapi	ratory ar	real,	Approximate		
	IMMEDIATE CAUSE (Fir		List only one cet	se on eech i				~		,		Λ		Onset and D		
- 1	disease or condition															
	reaulting in death)  a. Due to (or as a consequence of):															
_1		DUE TO (ON AS A CONSEQUENCE OF):														
5	Sequentially list conditions,  Due to (OR AS A CONSEQUENCE OF):											$\dashv$				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING															
윤	CAUSE (Disease or Injury that initiated events oue TO (OR AS A CONSEQUENCE OF):															
Ē	resulting in death) LAS	т		(011710710011	02002102 0	, ,.								i		
與	d															
	PART ii. Other algnifice	ent condition	s contributing to	deeth but no	ot resulting	In the u	nderlyin	g ceuse	given in	Part I. 24a.	WAS AN	AUTOPSY	248	b. WERE AUTOPSY FIND	INGS	
EDICAL											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAU		
										ー 1½	YES 2	□ NO		OF DEATH?		
Σ														YES 2 NO	- 1	
ÿΙ	DID TOBACO		CONTRIBUT	E TO C	AUSE O	F DE	ATH	YES [	] NO					, -	1	
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			-		LACE OF D	EATH (Che	eck only one)						
Š	1 X YES 2 □ NO		1   Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE 4   Nu		ne 5X Ri	sidence	6 Other (Spe	cify)					
ا څ	27. MANNER OF OEATH		28e. DATE OF (Month, D	INJURY	26b. TIM			JURY AT		28d. DEŞCRIB	E HOW I	JURY OC	CURED			
		Pending Investigation	(MONIN, D	ay, row/	in	M		ORK? YES 2 [	NO							
ВУ	a Date	Could not be	26a. PLACE O	F INJURY — AI	home, farm,	street, fac	tory, offic	on .		281. LOCATION	(Street a	nd Numbe	r or Rural	Route Number.	$\neg$	
		determined	building,	etc. (Specify)						City or Tow						
<u> </u>	29a. CERTIFIER												_		-	
4	(Chowney CEN		CIAN: To the best of													
COMPLETED	2 X MEO	ICAL EXAMINE	9: On the besis of a	ramination end	or investigation	on, in my	opinion, d	death occur	red at the	time, date and p	place, and	due to t	he cause(	a) and manner as state	ed.	
	29 SIGNATURE AND TITLE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)														
出	1 lason		Tolle	(W)				0	.C.N	1.E.	Į			Y 16,199	4	
임	NAME AND ADDRESS OF	F PERSON WH	O COMPLETED	F DEATH (	ITEM 27) (Type	Print)	_		_						$\neg$	
9	TMHAN I	reki	EMO				eet.	. Ra	ltin	nore,	Mar	vla	nd '	21201	- 1	
1	31. DATE FILED (Month) Pay.	Years and	32 perserna					, "Ju				1 14		LIZVI		
	JUĽ	T8 199	4 32. REGISTRA	Davelesi	Rand 11											
- 1			10		Office										- (	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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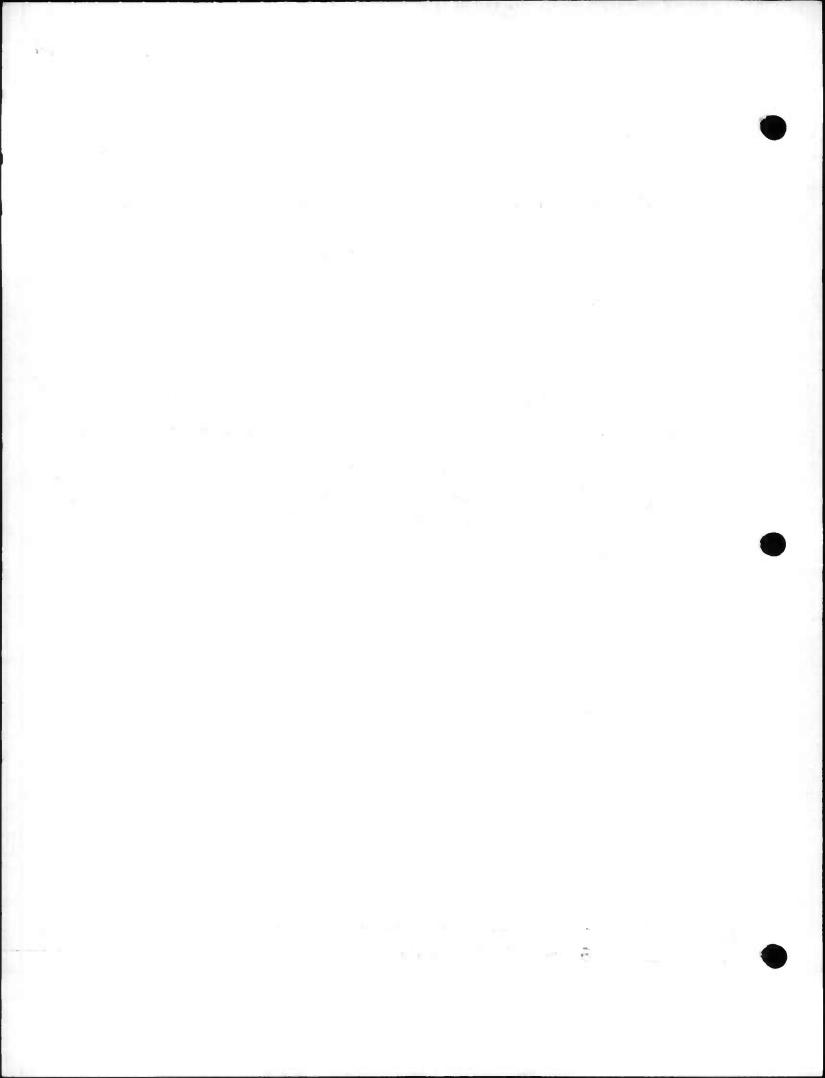
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	FOR	CTATE OF M	ADVI AND	DENIE										
	1 - STATE REGISTRAR	STATE OF M.		DEPAR						HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEAT	Н
		ROMAR							MONTH T11 T 37		AY	YEAR	( . 00	, M
	4. SOCIAL SECURITY NUMBER	1 1	I. AGE (In yrs. le:	st birthday)	IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF (Month, L	BIRTH	19		PLACE (State or Fo	reign
	247-10-4513	1 🔀 M 2 🗌 F	82	YRS.	MONTHS	DAYS	HOURS	Mirre.			9,191		th Carol	lina
۱ س	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH													
DIRECTOR	BERLIN NURSING & REHABILITATION CNTR BERLIN WORCESTER													
- H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY													
	Maryland worcester Ucean City 1⊠ YES 2 No												NO	
FUNERAL	100. STREET AND NUMBER					10	. ZIP COD	-			10g. CIT		HAT COUNTRY?	
N.	105 21st. St.,						2184					USA		
13	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 XI	NO NO	13	If yes, sp	ecity Cubs	ın, Mexica	IIC ORIGIN? ( in, Puerto Ric	Specify Yearn, etc.)	or No-		— American India White, etc.	ın,
B	3 Wildowed 4 Divorced	IF YES, GIVE WA	H OH DATES			1 YES	2 <b>2</b> NO	Specify	r:			Specif) Wh	ite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL (	OCCUPATION OF	ON ost of working	na	16b, K	ND OF BU	SINESS/IN		100	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	e retired.	)	Jat Or WORLD	79						
ĕ.	17. FATHER'S NAME (First, Middle, Last)			Clerk							uildi	ıng		
		omar							ME (First, Mid Evel			· k		
BE	19a. INFORMANT'S NAME (Type/Print)	) III d I	19	b. MAILING	ADDRES	SS (Street )				-				
2	Ann G. Bomar	The service of the se										1842		
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION — City or Town States													
	4 Donation 5 Other (Specify)	7	Bethan	y U.M.	Chu:	rch C	emeter	у	7/18	Po	como	ke City, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	PHSEE	22. NAME AND ADDRESS O Holloway Fu							omo				
L	1 W/2/1/	Un					-				isbuı	cv. M	D 21801	
	23. PART I. Enter the diseases, pr complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart fellure. List only one cause the each line.  Approximate													
	IMMEDIATE CAUSE (Final											Interval Be Onset and		
	resulting in death) . Non - Small Cell Careunoma (1) Lung,										ng,	1/22	w.	
	disease or condition resulting in death)  a. Non - Small Cell Careunsma () Lung, I mu  DUE TO (OR AS A CONSEQUENCE OF):  Odvanced  b. Odvanced													
RTIFICATION	Sequentially list conditions,													
Y.	cause. Enter UNDERLYING													
Ē	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST	resulting in death) LAST												
LCE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL	OKISETCA COLOMBIA PERFORMED? MAILABLE PERFORMED? MAILABLE PERFORMED?										AVAILABLE PRIOR 1	то		
밀	Cacher	à							_ [ '	YES 2	X I NO		OF DEATH?	10
													X	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	ck only one)					
YSI	1 TES 2 NO	1   Inpatient 2   I		□ DOA	4 Nu		10 5 □ Re	sidence	6 Other (S	pecify)	_			_
PHY	27. MANNER OF DEATH  1 XNatural 5 Pending	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Dey, Year)					URY AT		28d. DESCR	IBE HOW I	NJURY OC	CURED		
BY	2 Accident Investigation	28a PLACE OF	M H IDV At ho		MI desert des		YES 2	NO						
	3 Suicide 6 Could not be 4 Homicide determined	Duliding, etc. (Specify)							City or 1	ON (Street i own, State)	ına Numbei	r or Aunul Ao	ute Number,	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
J.W.													and menner as at-	ated.
00	2 MEDICAL EXAMINER: On the baels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner e													
									29d. DATE SIGNED (Month, Day, Year)  07-13-94					
2	30 NAME AND ADDRESS OF BERSON WAY	2 00401										/	10 /	7

M.D. 4421 Beechwood Pl., Crisfield, Md. 21817
32 PEGISTRAR'S SIGNATURE
Fals David Control

WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Gregorio Belloso, M.D.

410-968-3149



	1 - STATE REGISTRAR		SIAIE UF N		CERTIF					MENTA	REG. NO		7	vin B
	1. DECEDENT'S NAME (First, I	Middle, Last)									E OF DEATH			3. TIME OF DEATH
			CHRIST	INA NIC	OLE B	AULL				MON	7 8	*	S4	2237 M
	4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UND	ER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
	NONE		□ M 2 F		YRS.				117		7-8-	94	2120	
-	9a. FACILITY NAME (If not inst	titution, give street	and number)			9b. CITY	, TOWN	OR LÒCA	TION OF D	EATH		9c. COL	UNTY OF DE	ATH
5	PENINSULA I	REGIONA	L MEDIC	AL CEN	TER	5	SALISBURY					WI	COMIC	0
DIRECTOR		10b. COUNTY	-		10c. CI1	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
ā	Delaware	Susse	x		Rou	te #	1,B	ox 8	6 E,	Fran	kford,	DE		LIMITS? 1 YES 2 V NO
IAL	10a. STREET AND NUMBER							f. ZIP CO				7	TIZEN OF WI	HAT COUNTRY?
FUNERAL	Route # 1, ]	Box 86	E					1994	5			U	SA	
5	11. MARITAL STATUS 1 Never Married 2 N		FORCES? 1	T EVER IN U.S.	ARMED YND	13.	WAS DE	CENDENT	OF HISPAI	NIC ORIGI	N? (Specify Ye	s or No-	14. RACE Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorce		IF YES, GIVE W						Specif		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify	
ED		DENT'S EDUCAT		16a.	DECEDENT'S					16	b. KIND OF BU	SINESS/IN	IDUSTRY	WILLE
ET	(Specify only in Elementary/Secondary (0-1	highest grade con	ollege (1-4 or 5 -	-)	(Give kind of life. Do NOT u	work done se retired.)	during m	ost of worl	ding		000000000000000000000000000000000000000		100.00	
MPL	0				No	ne					Non	e		
COMPLET	17. FATHER'S NAME (First, Mid	,						18, MO	THER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	Brian K. Ba							_			rooks			
2	19a. INFORMANT'S NAME (Type Brian K. Ba	4.5									nber, City or Tow			
	20a. METHOD OF DISPOSITIO				ROUTE						kford,			
	1 Burial 2 Cremation 4 Donation 5 Other (	Removal	from State	cemetery,	crematory or c	of Dispos	SITION (N	ame or	7/	12/0	/ 20c, LC	CATION	- City or Tow	n, Stata
	1X   Burlel 2   Cromation   Removal from Stata   Cametery, crematoly or other place)   Roxana   Cemetery   7/12/94   Roxana, Delaware											ware		
	> /- /n/	5/2hl	1/11	//									TD.	
	23. PART i. Enter the dis	eesea/or com	plications the	t ceused the	deeth. Do	not enter	the me	KFOR	D, DI	ELAW.	ARE 19	945 Iratory au	rreat	Approximate
	ahock, or her IMMEDIATE CAUSE (Fina	art tallyre. List	only one cau	se on eech i	ine.			23	,,,		01100	inatory a	, rout,	interval Between Onset and Death
	disease or condition	•	Ca	rdiac	0	invec	+							Chiac and Dath
	PUIS TO (OR AS A CONSEQUENCE OF													
Z	Sequentially list conditions, a Respiratory Failure [M17]													
Į Į	if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE DF):											1		
임												Ihall		
CERTIFICATION	that initiated events  DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST												ļ	
	DART II Other significant	t annultinus a	metallicutto - to	death had an	A tat-	la Mila di							1	
MEDICAL	PART II. Other algnifican	Conditional	ontributing to	death but no	t resulting	in the ur	ideriyin	ig cause	given in	Part i.	24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						· -					1 TYES	E NO		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO	USE CO	NTRIBLITE	TO CA	USE OF	DEAT	rH \	/FS F	7 NC					1 YES 2 NO
N N	25. WAS CASE REFERRED TO		TTIKIDOTE	10 0	001 01	PLA			DEATH (Ch		(ne)			
SICIAN:	EXAMINER?		OSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nur	<b>3</b> :	_			er (Specify)			
РНУ	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM		28c. IN.	JURY AT			SCRIBE HOW	NJURY OC	CCURED	
ВУБ	1 Natural 5 Pe	ending vestigation	(MORE), D	uy, rear j		M		YES 2	□ ND					
		ould not be	28e. PLACE O building,	F INJURY At etc. (Specify)	home, farm,	atreet, fact	ory, offic	ce		28f. LO: C/t)	CATION (Street or Town, State)	and Numbe	er or Rural Ro	ute Number,
E		etermined												
COMPLETED			N: To the best of											
Ö	2 MEDIC		on the basis of a	ramination and/	or Investigation	on, in my o	pinion, o	death occ	ured at the	time, dat	a and place, ar	nd due to t	the cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE C	CERTIFIER		0				29c. LI	CENSE NUI	WBER	7	29d. DA	TE SIGNED	Month, Day, Year)
6	30. NAME AND ADDRESS OF I	PERSON WHO C	OMPLETED CALL	SE OF DEATH "	TEM 970 /5	Dojne)		1 1	129	/>	/		1-1	5-74
	W. Clend	2011	21	) Ph		Mor.	4	B		Sa1	isbury	, MD	2180	1
	31. DATE FILED (Month, Day, Ye	<b>3</b> 1994	32. REGISTRA	A'S SIGNATURE	0 10									
1	0077	TUU!	Juna a	MANAGER . N	WELL									

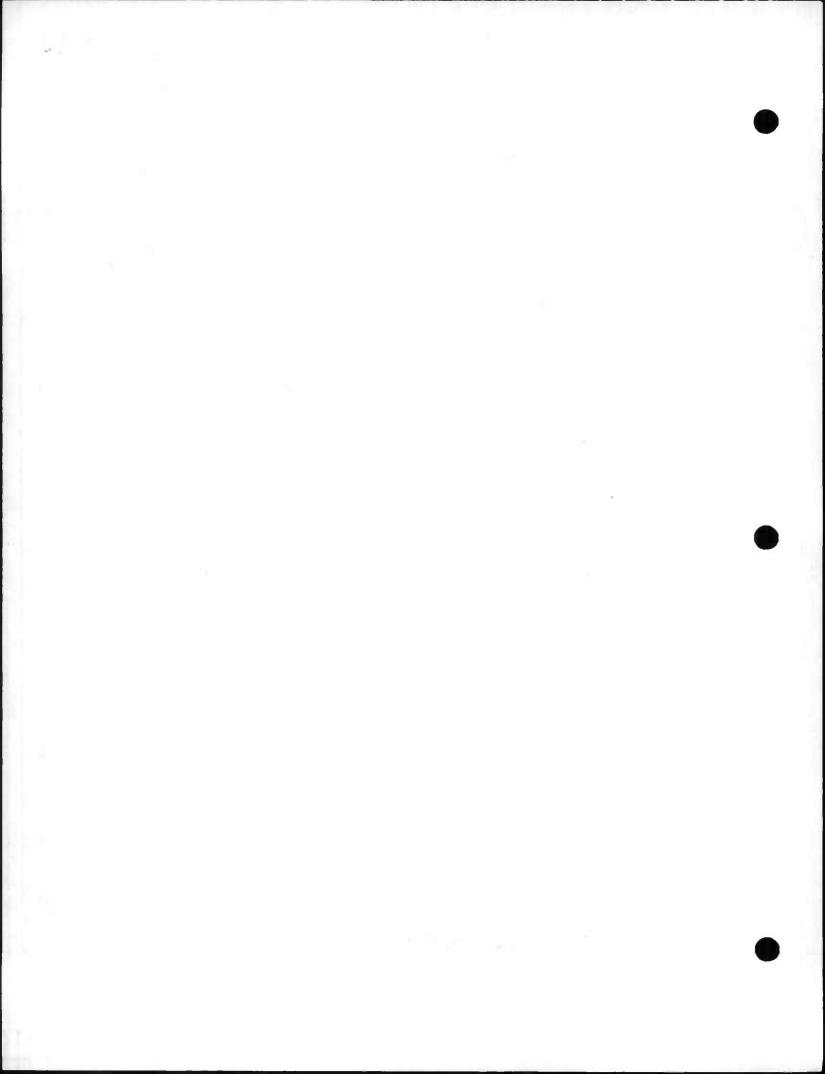
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

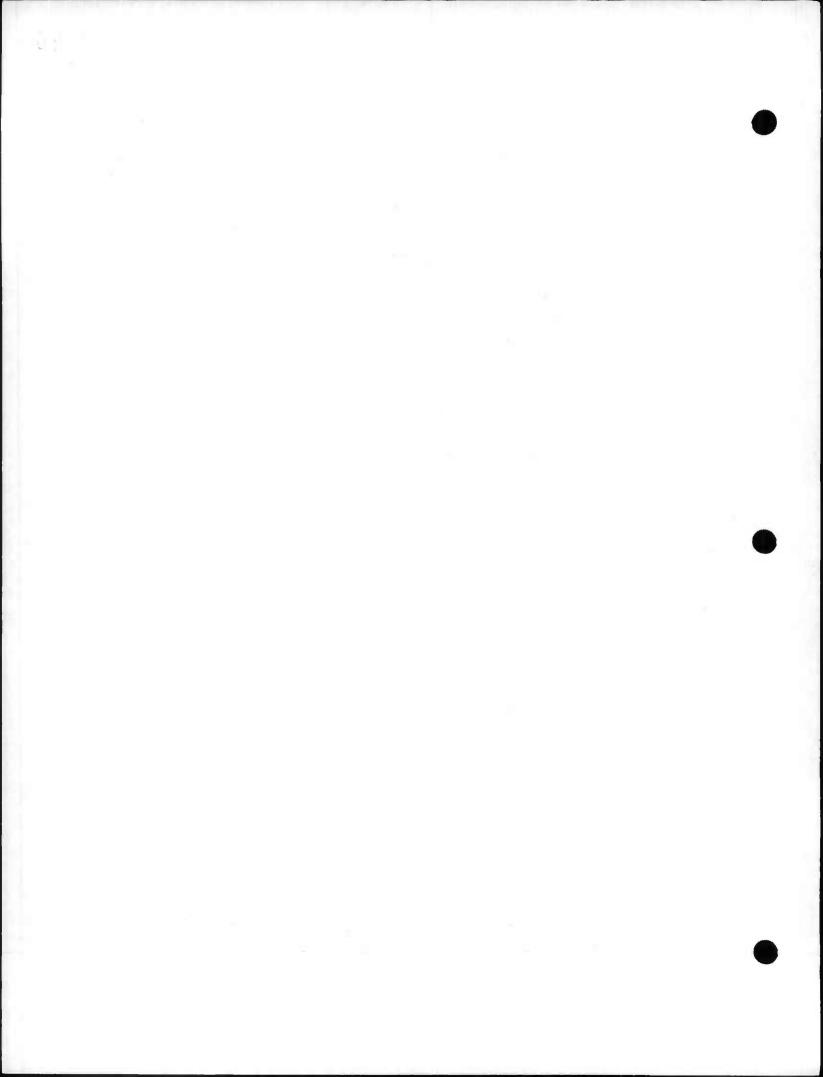


NONE    Out	ATN O 10d. INSIDE CITY LIMITS? 1  YES 2 NO NAT COUNTRY?  — American Indian, White, atc.									
4. SOCIAL SECURITY NUMBER NONE  1	ATN O  10d. INSIDE CITY LIMITS? 1 YES 2 X NO NAT COUNTRY?  American Indian, White, atc.									
NONE    ONE	ATN O  10d. INSIDE CITY LIMITS? 1  YES 2 NO NAT COUNTRY?  American Indian, White, atc.									
99. FACILITY NAME (If not institution, give street and number)  PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  WICOMIC  PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  WICOMIC  PENINSULA REGIONAL MEDICAL CENTER  SALISBURY  WICOMIC  PESIDENCE OF DECEDENT  109. STATE  109. STATE  109. STATE  109. STATE  109. STREET AND NUMBER  ROUTE # 1, BOX 86 E  109. STREET AND NUMBER  ROUTE # 1, BOX 86 E  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yee or No—  14. RACE  15. DECEDENT'S EDUCATION  (Specifly only highest grade completed)  160. DECEDENT'S USUAL OCCUPATION  (Specifly only highest grade completed)  161. DECEDENT'S USUAL OCCUPATION  (Specifly only highest grade completed)  162. DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working life. Do NOT use retired.)  NONE  163. MOTNER'S NAME (First, Middle, Last)  Brian K. Baull  164. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  165. COUNTY OF DE  WICOMIC  WICOMIC  166. CITY, TOWN OR LOCATION OR LOCATION OR LOCATION  167. CITY, TOWN OR LOCATION  168. CITY, TOWN OR LOCATION OR LOCATION  169. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	O 10d. INSIDE CITY LIMITS? 1 YES 2 NO NAT COUNTRY?  American Indian, White, atc.									
PENINSULA REGIONAL MEDICAL CENTER SALISBURY  PENINSULA REGIONAL MEDICAL CENTER SALISBURY  WICOMIC  RESIDENCE OF DECEDENT  100. STATE  101. COUNTY  Delaware  Sussex  Route # 1, Box 86 E , Frankford, DE  101. ZIP CODE  102. CITIZEN OF W  103. ZIP CODE  104. ZIP CODE  105. CITIZEN OF W  106. CITY, TOWN OR LOCATION  ROUTE # 1, Box 86 E , Frankford, DE  107. ZIP CODE  108. STREET AND NUMBER  ROUTE # 1, Box 86 E  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   YES 2 NO IF YES 2 NO IF YES 2 NO IF YES 2 NO Specify:  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If Yes, GIVE WAR OR DATES)  14. RACE  Black, Specify  15. DECEDENT'S EDUCATION  (Give kind of work doine during most of working life. Do NOT use relived.)  None  17. FATHER'S NAME (First, Middle, Last)  Brian K. Baull  Amy L. Brooks  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	O 10d. INSIDE CITY LIMITS? 1 YES 2 NO NAT COUNTRY?  American Indian, White, atc.									
106. STREET AND NUMBER  ROUTE # 1, BOX 86 E  11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes 2 No Specify.  16. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use reliefed.)  17. FATHER'S NAME (First, Middle, Last)  Brian K. Baull  19. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT OF W 14. RACE Black Specify (Give kind of work done during most of working life. Do NOT use reliefed.)  None  16. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  19. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)	LIMITS?  1 YES 2 X NO  NAT COUNTRY?  American Indian, White, atc.									
106. STREET AND NUMBER  ROUTE # 1, BOX 86 E  11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes 2 No Specify.  16. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use reliefed.)  17. FATHER'S NAME (First, Middle, Last)  Brian K. Baull  19. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT OF W 14. RACE Black Specify (Give kind of work done during most of working life. Do NOT use reliefed.)  None  16. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  19. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)	LIMITS?  1 YES 2 X NO  NAT COUNTRY?  American Indian, White, atc.									
106. STREET AND NUMBER  ROUTE # 1, BOX 86 E  11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes, apecify Cuben, Mexican, Puerto Rican, etc.) If yes 2 No Specify.  16. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use reliefed.)  17. FATHER'S NAME (First, Middle, Last)  Brian K. Baull  19. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT OF W 14. RACE Black Specify (Give kind of work done during most of working life. Do NOT use reliefed.)  None  16. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  19. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)	- American Indian, White, atc.									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  17b. FATHER'S NAME (First, Middle, Last)  17c. FATHER'S NAME (First, Middle, Last)  18c. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  19c. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)	— American Indian, White, atc.									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  17b. FATHER'S NAME (First, Middle, Last)  17c. FATHER'S NAME (First, Middle, Last)  18c. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  19c. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)	White, atc.									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  16b. KIND OF BUSINESS/INDUSTRY  17b. FATHER'S NAME (First, Middle, Last)  17c. FATHER'S NAME (First, Middle, Last)  18c. MOTNER'S NAME (First, Middle, Maiden Surneme)  Amy L. Brooks  19c. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  O  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  None  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  None  17. FATHER'S NAME (First, Middle, Last)  Brian K. Baull  Amy L. Brooks  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stele, Zip Code)	WILLE									
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Brian K. Baull  Amy L. Brooks  19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
196. INFOHMANT S NAME (lype/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)										
E II Design IV Design IV	2215									
Route # 1,80x 80 E, Frankford, Delaware 1										
20b. PLACE AND DATE OF DISPOSITION (Name of 1 M Burlet 2 Cremetton 3 Removel from State Roxana Cemetery, cremetory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, cremetory or other place)  ROXANA CEMETERY  7/12/94  ROXANA, Delaw										
21. SIGNATURE OF FACILITY  22. NAME AND ADDRESS OF FACILITY	are									
MELSON FUNERAL SERVICES, LTD.										
FRANKFORD, DELAWARE 19945  23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest,	Approximate									
anock, or heart tallyra. List only one cause on each ilne.	Interval Batween Onset and Death									
disease or condition resulting in death)										
DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions,  Due to (or as a consequence of):	1 /h 50~									
If any, leading to immediate cause. Enter UNDERLYING	The Co.									
if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events  CLE TO (OR AS A CONSEQUENCE OF):	700,04									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. ILES prodery factors  DUE TO (OR AS A CONSEQUENCE OF):  c. Letter for a function of the consequence of the cause of the										
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b.	WERE AUTOPSY FINDINGS									
PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE									
	OF DEATH? 1  YES 2  NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. PLACE OF DEATN (Check only one)										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO										
EXAMINER?  1 YES 2 NO  1 Neglight 5 Pending  EXAMINER OF DEATH  26e. DATE OF INJURY (Month, Dey, Year)  1 Neglight 5 Pending										
2 Accident Investigation M 1 YES 2 NO										
2 Accident Investigation M 1 YES 2 NO	oute Number,									
2 Accident Investigation M 1 YES 2 NO	oute Number,									
2 Accident Investigation M 1 YES 2 NO										
Total Parameter   Total Para	end manner ee stated.									
1   1   1   1   1   1   1   1   1   1	end manner ee stated.  Month, Day, Year)									
Second   S	end manner ee stated.  Month, Day, Year)									
Second content of the course	end manner ee stated.  Month, Day, Year)									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760



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	ITAL RECORDS, P.O. BOX 68760,	w: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician;	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burtal-train State Deot, of Health and Mental Hygiene prior to burtal, cremation, or removal.	
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		-	Stat	

	REGISTRAR		CE	HIIFIC/	ALE OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Las						2. DATE	OF DEATH	A4 00/	YEAR 3	TIME OF DEATH	
	Mrs. Agnes Bark	sdale 5. sex	6. AGE (In yrs. lest I	hinhala i ara	UNDER 1 YEAR	IF UNDER 24 HRS.	$\overline{}$	ie 23,	1994		10:30 A	
	577-60-1331 9a. FACILITY NAME (If not institution, give	1 □ M 2 ▼ F	86	YRS. MON	THE DAYS	HOURS MIN.	<del>8/1/07</del> 8/31/07			Mary.		
	4115 Beachcraf					Hills	AIH			ice G	eorges	
		ce George	S		e Hill					od. INSIDE CITY LIMITS? YES 2 NO		
	100. STREET AND NUMBER 4115 Beachcraft	Court				1. ZIP CODE 20748			10g. CITIZEN OF WHAT COUNTRY? United States			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARM I YES 2 1 NO MAR OR DATES	ED	If yes, sp		ANIC ORIGIN? (Specify Yes or No— ican, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, atc. Specify: Black		
	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		(Give	EDENT'S USU kind of work NOT use ret	JAL OCCUPATION done during motional.)	16b. KIND OF BUSINESS/INDUSTRY  U.S. Government						
	17. FATHER'S NAME (First, Middle, Lest)  John Stanley Dy	kes	KIIOWII	18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary Louise Dykes								
	19a. INFORMANT'S NAME (Type/Print) Anita Monte					Ave., A					le, NY 108	
	20a. METHOD OF DISPOSITION  1 Burlai 2 Fremation 3 Re 4 Donation Donation	amoval from State	20b. PLACE AN cometary, crem. Ar ling	ID DATE OF DI	ISPOSITION (N	ame of	7/1	E 20c. LO	CATION —	ity or Town		
	21. SIGNATURE OF FUNERAL SERVICE	Mu			7400	no address of fa tre Funer Georgia	Ave.	N.W.,	Wasl	1. D.	C. 20012	
	23.PART i. Enter the diseases, o shock, or heert feilun immediate CAUSE (Final disease or condition resulting in death)	Failur		h an car	diac or reap	iratory am	eat,	Approximate interval Between Onset and Dear years				
	DUE TO (OR AS A CONSEQUENCE OF):  Hypertension  NUE TO (OR AS A CONSEQUENCE OF):										years	
ENTINGATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (on as a consequence of):											
	resulting in deeth) LAST											
			PART II. Other significent conditions contributing to death but not resulting in the under Diabetes Mellitus uncontrolled									
	PART II. Other significent conditi			uiting in th	ne underlyln	g cause given in	Part I.	PERFOR		0	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO	
	PART II. Other significent conditi			aulting in th				PERFOR	AMED?	0	OMPLETION OF CAUSE F DEATH?	
	PART II. Other significent condition Diabetes Mell	itus unco	ntrolled	O	26. P	LACE OF DEATH (Ch	eck only o	PERFOI	AMED?	0	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?	
	PART II. Other significent condition Diabetes Mell  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inputent 2   28a. DATE OF	ntrolled	O	26. PI HER: Nursing Hon F 28c. IN. W		eck only o	PERFOI	RMED?	1	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?	
	PART II. Other significent condition Diabetes Mell  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, L) 28b. PLACE C building,	ER/Outpetlent 3 C	DOA 4 C	26. P. FHER:  Nursing Hon F 28c. IN. WC	LACE OF DEATH (Ch no 5 Kneeldence JURY AT 7HK? YES 2 NO	eck only o	PERFOI  1  YES 2  ne)	AMED?	1 COO	MILABLE PRIOR TO DOMPLETION OF CAUSE P DEATH?	
	PART II. Other significent condition of the property of the pr	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, L) 28b. PLACE C building,	ER/Outpatient 3 F ENJURY — At hom atc. (Specify)	DOA 4 2 29b. TIME OF INJURY	26. PI THER: Nursing Hon F 28c. IN. M 1 t, factory, offic	LACE OF DEATH (Ch.  The S Aresidence SURY AT SPRY YES 2 NO  The State of the State	eck only o	PERFORM  1 YES 2  Per (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY OCC	URED or Rural Round	MALABLE PRIOR TO MPLETION OF CAUSE P DEATH?  YES 2 NO  No te Number,	
	PART II. Other significent condition of the property of the pr	HOSPITAL: 1 Inpetient 2 (Month, E) 28a. DATE OF (Month, E) 28b. PLACE (building, E) 29b. PLACE (c) 10b. PLACE (	ER/Outpatient 3 F ENJURY — At hom atc. (Specify)	DOA 4 28b. TIME OF INJURY  e, farm, street  th occurred at vestigation, in	26. PITHER:  Nursing Hon F 28c. IN. WC M 1   1   4. factory, office the time, date in my opinion, 6	LACE OF DEATH (Ch.  The S Aresidence SURY AT SPRY YES 2 NO  The State of the State	26f. LOC	PERFORM  1 YES 2  Per (Specify)  SCRIBE HOW I  CATION (Street or Town, State)	NJURY OCC	URED  URED  dd.	MALABLE PRIOR TO MPLETION OF CAUSE P DEATH?  YES 2 NO  No te Number,	

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detached	State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	-
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director,		P 10110
funeral		item 22 shows any infersy or other traumatic avent the medical assurings must be notified at once
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		1 - FOR STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAI CERTIF	RTMEN	T OF H	IEALTH DEA	AND I	MENTA	L HYGIEN				
	i	1. DECEDENT'S NAME (First, Middle, Last)  ABRAH	4M H.	BRI	ESLER					2. DATE MONT	OF DEATH	W/7 /	EAR 3.	TIME OF DEATH	
	ì	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)		R 1 YEAR	IF UNDE			OF BIRTN	1.		ACE (State or Foreign	
~-		578-86-8044	1 XM 2 - F	8	6 YRS.	ns. Months Days Hours Min. (Month, Day, Yea March 20						1908	P	oland	
\ \ \ _	. 1	9e. FACILITY NAME (If not institution, give s	street end number)	9b. CITY, TOWN OR LOCATION OF DEA						DEATH 9c. COUNTY OF DEATN				TN .	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Suburban Hospital				Bethesda							Montgomery		
E C		RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Υ		10c, Cl	Y, TOWN	OR LOCA	TION					10	d. INSIDE CITY	
DIRECTOR		Md. Monto	omery		Roc	kvi1	10.	Md.						LIMITS?	
" Land	- 10	10e. STREET AND NUMBER	, /		11.00			f. ZIP COD	E			10g. CITIZE		AT COUNTRY?	
FUNERAL		610 Rollins Ave.					2	0852		τ			ISA		
S		11. MARITAL STATUS	12. WAS DECEDER			13.	WAS DEC	CENDENT	T OF NISPANIC ORIGIN? (Specify Yea or No- 14. RAI				RACE -	American Indian,	
BY F		1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?					2- NO			Rican, etc.)			White	
ED B				-				21						WIII CE	
1 2	- 1	15. DECEDENT'S EDU (Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	ON ost of worki	ng	161	, KIND OF BU	SINESS/INDUS	TRY		
1 2		Elementary/Secondary (0-12)	College (1-4 or 5	+)		ailo					Clo	thing	Indu	ıstrv	
Once.		17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Meiden			4	
a a		Szipel Bresler						Rea	ina	Unko	wn	,			
iffed a		19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	ADDRES	S (Street a				ber, City or Tow	n, State, Zip Co	ode)		
1 1		Edith Bresler			610 R	011i	ns A	ve.	Rock	vill	e, Md.	20852			
ts D		20e. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 Rem	oval from State		LACE AND DATE			ame of		DAT	E 20c. LO	CATION — Cit	y or Town	, State	
Ē		4 Donetion 5 Other (Specify)		Me	norah G	arde	n				20 Ro	ckvi11	e, M	id.	
other traumatic event, the medical examiner must be notified at once.  TIFICATION TO BE COM		21. SIGNATURE OF THERAL SERVICE LIN	CENSEE					ND ADDRE			rai Di	roctic			
exa		7030	The.	2000	1	1	uwar 091	Rock	vill	e Pi	ke.Roc	kville	. Md	. 20852	
dica	Edward Sagel Funeral Direction 1091 Rockville Pike, Rockville  23. PART I. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, by heart failure. List only one cause on each line.									t,	Approximate				
Ē	IMMEDIATE CAUSE (Fins)												Interval Between Onset and Death		
=	disease or condition resulting in dasth)													days	
a A			DUE TO	(OR AS A C	CONSEQUENCE									ı	
o lat		Sequentially list conditions,  DUE TO (OR AS A CONSCOUENCE OF):											gens		
r other traumatic		if sny, lasding to immediata cause. Enter UNDERLYING	Ha	Rent	tersiv	4								YEUS	
를 E		CAUSE (Disease or injury that initiated events	DUE TO	OR AS A C	ONSEQUENCE C	F):									
PH EN		resulting in dasth) LAST	d												
를 그 고	- 13	PART II. Other significant condition	ns contributing to	dasth but	not resulting	in the u	ndarivin	g cause	given in	Part I.	24e. WAS AN	AUTOPSY	24b W	ERE AUTOPSY FINDINGS	
nows any injury, MEDICAL C		Cormorn	Artes		DISENS			•			PERFOR	RMED?	Alv	MALABLE PRIOR TO DMPLETION OF CAUSE	
E E		Diabetes	mali.	Fees						_	1   YE\$ 2	KNO	1	F DEATH?	
70	1	7-	CONTRIBUT	E TO	CALISE OF	DEA	TLI V	/E¢ [	1 NC				'	YES 2 NO	
IAN II		25. WAS CASE REFERRED TO MEDICAL	CONTRIBUT	- 10 0	AUSE OI	DEA		LACE OF D	_		ne)	-			
r item		EXAMINER?	HOSPITAL:	ER/Outpat	lent 3 DOA	OTHE 4   Nu		ne 5 🗆 R	eldence	8 🗆 Othe	er (Specify)				
PHY		27. MANNER OF DEATH	26e. DATE OI (Month, I		28b. TII	IE OF JURY	28c. IN.	JURY AT		28d. DE	SCRIBE NOW I	NJURY OCCU	RED		
marked, BY PH		1 Natural 5 Pending Investigation	1,500			М		YES 2 [	NO						
<u>∞</u> □		3 Suicide S Could not be determined	28e. PLACE ( building	F INJURY — etc. (Specify	- Al home, ferm,	streat, fac	tory, offic	:0			or Town, State)	and Number or	Rural Rout	te Number,	
~ I F															
IMPORTANT: if item O BIE COMPLE		1	ICIAN: To the best o												
S A		2 MEDICAL EXAMINE		xamination e	end/or Investigati	on, In my	opinion, c	leath occu	red at the	time, date	e end place, en	d due to the	euse(e) er	nd menner ee stated.	
E H		296. SIGNATURE AND TITLE OF CERTIFIE	R		- <del></del>			-	ENSE NUI			29d. DATE S	1	onth, Day, Year)	
		Hamilu Kei	mes /	20				6	06	010		12/	1712	14	

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

154, MD 6410 ROCKLEDGE

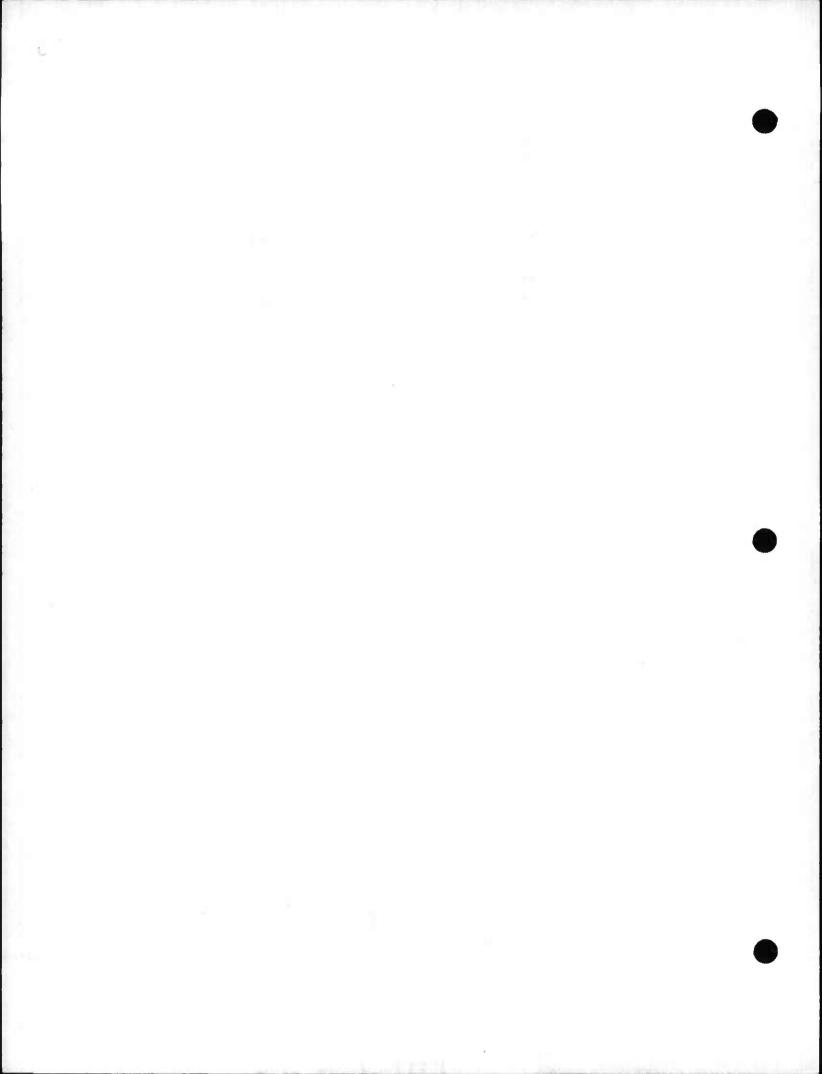
MPLETED CAUSE OF DAMINE RO 22. REGISTBAR'S SIGNATURE Fulia Davidson—Randall

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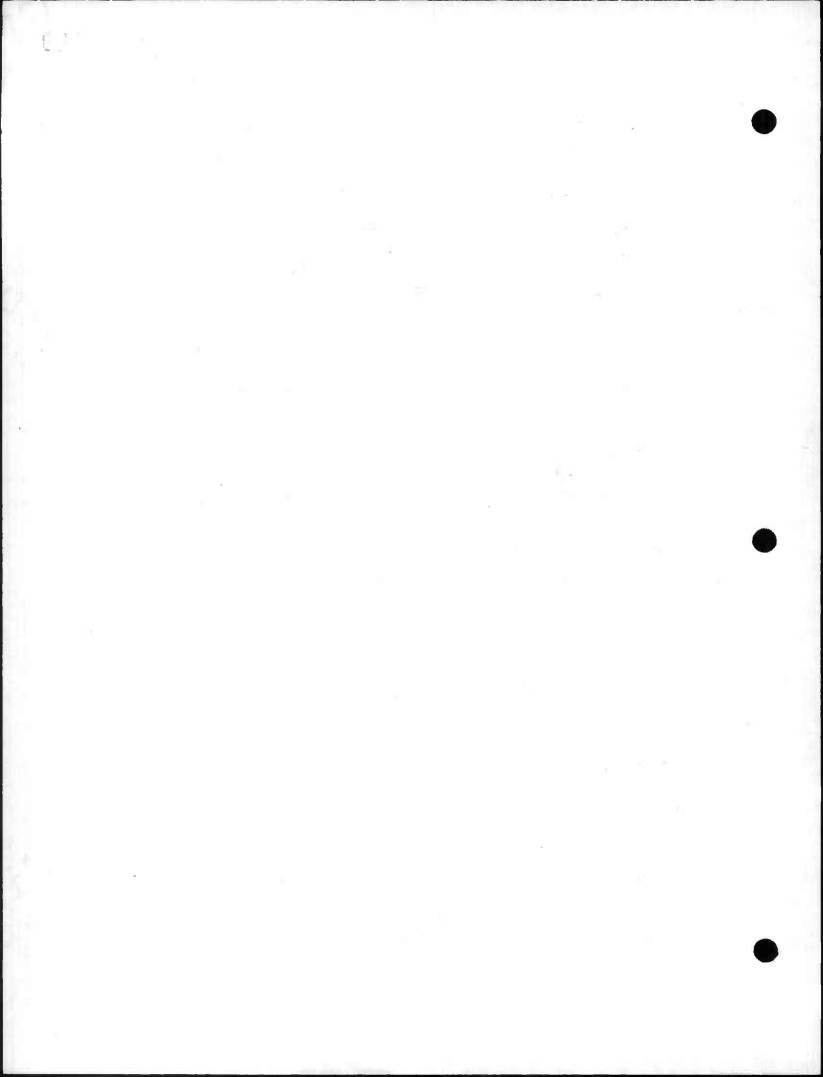


# DIVISION OF VITAL RECORDS, P.O. BOX 68760.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	be fied within 72 hours after death with the State Dept. of Health and Mental Hydiere prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	Chana Bernstein				07 15	1994	1:00 P. W					
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. BIRT	HPLACE (State or Foreign					
	577.86-1490	1 M 2 F 81	YRS. MOI	THE DAYS HOURS MIN.	06-26-1913	Coun	mu huania					
_	9a. FACILITY NAME (If not institution, give	street and number)	96	CITY, TOWN OR LOCATION OF D		9c. COUNTY OF						
6	6605 Tilden Lane			Rockville		Montgomery						
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY	10c. CITY, TO	WH OR LOCATION			10d, INSIDE CITY					
E	Maryland Mon	tgomery	Rock	ville			LIMITS?					
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
FUNERAL	6605 Tilden Lan	e		20852		U.S.A.						
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico	NIC ORIGIN? (Specify Yes o	r No.— 14. BAC	E — American Indian, ck, White, etc.					
BY	1 Never Married 2 Married 3- Widowed 4 Divorced	Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 ▼ NO Specify:  15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS.										
	15. DECEDENT'S ED											
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during most of working	166. KIND OF BUSH	NESS/INDUSTRY	2					
19	Listing your control of the	2 years	Retail	Owner	Gift							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NA	ME (First, Middle, Maiden Sc	urname)						
BE (	Carpel Charney			Mer11e	Unknown							
0	19a, INFORMANT'S NAME (Type/Print)		19b. MAILINO ADI	DRESS (Street and Number or Rural		State, Zip Code)						
-	Miriam Joseph			ilden Lane Roc	kville, Md.	20852						
	20s. METNOD OF DISPOSITION 1 Disposition 3 Ref		p. PLACE AND DATE OF Di netery, cremetory or other p		DATE 20c. LOCA	ATION — City or 1	own, Stata					
	4 Donetton 6 Other (Specify) King David Memorial Gds.7/17 Falls Church, 21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	50.08	-		Edward Sagel		ection						
	and be	esci .		1091 Rockvill	ePike Rocky	ille. M	d. 20852					
	23. PART I. Enter the disesses, or shock, or heart feilure	compileations that esuse List only one cause on a	d the deeth. Do not o ech line.	enter the mode of dying, suc	h aa cerdiec or reapira	itory srrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition / / / / / / / / / / / / / / / / / / /											
	disesse or condition resulting in death)  s. <u>YMPHOMA</u> DUE TO (OR AS A CONSEQUENCE OF):											
	DUE 10 (OR AS A CONSEQUENCE OF):											
0	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS /	CONSEQUENCE OF):									
CAT	cause, Enter UNDERLYING	c.										
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST											
AL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
					PERFORM  1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
밀						200	OF DEATH?					
2				-								
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C/	eck only one)							
PHYSICIAN: MEDIC	1 YES 2 KNO	1 Inpetient 2 ER/Out		HER: Nursing Home 5 Residence	6 C Other (Specify)							
H	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	28d. DESCRIBE NOW INJ	JURY OCCURED						
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO								
0	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spe	<ul> <li>At home, farm, stree cify)</li> </ul>	t, factory, office	26f. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,					
E					L							
MPE	(Check only 1 DE CENTIFYING PNY			the time, data and place, and due								
COMPLET			n and/or investigation, in	my opinion, death occured at the	time, data and place, and	due to the cause	(a) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	1.	4	29c. LICENSE NU			D (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON W	Mocompleten cause of the		D27	482	- 1-1	5-94					
					Ma see 1 am 5	20052						
	Dr. William Silv	932. REGISTRAR'S SIGN	ATURE	rockville	, Maryland	20852						
	31. DATE FILED (Month, Day, 16ar) JUL 2, 0 1994	Julia Davidson	Mandall.									
لنب		-1/1										



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	PHYSICIAN:
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	OR AT
	OSPITAL

31. DATE FILED (Month, Day, Year)

JUL 2 0 1994

32 AEGISTRAN'S SIGNATURA DANGER

		FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR	TMEN	OF I	EALTH A	ND N		YGIEN EG. NO.				
		1. DECEDENT'S NAME (First	, Middle, Last)	William	Æd,		d Bi			ءزي لره	0	2. DATE OF I	DEATH		EC 400 -	3. TIME OF DEATH 4 12:(10) P	
		4. SOCIAL SECURITY NUME 215-26-304		5. SEX 1 M 2 F	_	in yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24	Adda.	7. DATE OF E (Month, De Jan.	НТП	19:	Country	PLACE (State or Foreign	
3	1	9s. FACILITY NAME (If not in	stitution, give s	treet end number)				9b. CITY	, TOWN	OR LOCATION				_	NTY OF DE		
	DIRECTOR	20601 New	Hamp	shire A	lven	ue			Bri	nklov	V			200	VTGO		
130	E	10e. STATE	10b. COUNTY	7			10c. CITY	, TOWN C	OR LOCA	TION						10d. INSIDE CITY	
. 446	170	Maryland	Mon	tgomery	7			Bri								LIMITS?	
	R		TT	-1 -1					10	. ZIP CODE		_		, ,	. CITIZEN OF WHAT COUNTRY?		
	FUNERAL	20601 New	натр		_			2086							U.S.A.		
	B	1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 N			If yes, sp	AS DECENDENT OF HISPANIC ORIGIN? (S. yes, specify Cuben, Mexican, Puerto Ricar YES 2 X NO Specify:			pecify Yes i, etc.)	or No-	Black,	- American Indian, White, etc. Black	
	COMPLETED	15. DEC (Specify on) Elementary/Secondary (0	EDENT'S EDUC y highest grade 1-12)	CATION completed) College (1-4 or 5	+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/					INESS/IN	DUSTRY					
eš	MPL	12th				F	ield	Ma	int	enand	ce	W.	s.s	.C.			
at once.	8	17. FATHER'S NAME (First, M							E (First, Middle								
pg S	BE	William T. Bishop Leanna Lincoln															
notific	5	196. Martha I. Bishop (wife)  196. Martha I. Bishop (wife)  197. Martha I. Bishop (wife)  198. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)  2086  2086									20862 V. MD						
a t		20a. METHOD OF DISPOSIT		and draw days	20b.	PLACEA	NDDATEO	FDISPOS	ITION /N	me of		DATE	20c. LOC	CATION -	City or Tow	n State	
Ë		4 Donetion 5 Other	(Specify)		2 M	d .	Vete	ran	s C	emete	ery	7/21	Ch	elte	enhar	n, MD	
medical examiner must be notified		21. SIGNATURE OF FUNERAL	14/4/	Com	101	de	len	22. S R	NOW OCK	DEN F	OF FACE FUNI E, I	ERAL MD 2	HOM 085	E, E	P.A.		
		23. PART I. Enter the di ahock, or h IMMEDIATE CAUSE (Find disease or condition resulting in death)	eart reliure.	Liat only one ceu	ise on ee	ch line.								ratory an	reat,	Approximate interval Batween Onset and Death	
or other traumatic event, the	ERTIFICATION	IMMEDIATE CAUSE (Fihái disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Oue TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):															
shows any injury.	MEDICAL CE	PART II. Other eignifice	nt condition	a contributing to	death bu	it not re	esulting in	the un	derlyin	g cause give	en in P		WAS AN A	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
23 sh												_					
item 2	HYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			-	OTHE		ACE OF OEAT	TH (Chec	k only one)					
10	YSI	1 YES 2 NO		1 Inpatient 2	ER/Outpa	itlent 3		OTHER 4   Num		6 5 Resid	ence 6	Other (Spe	icffy)				
marked,	ВУ РН		Pending Investigation	28e. DATE OF (Month, D			26b. TIME INJU			URY AT RK? 'ES 2 N		28d. OESCRIB	E HOW IN	JURY OC	CURED		
28 Is	ETED		Could not be determined	28e. PLACE O building,	F INJURY etc. (Speci	— At hor	ne, ferm, at	reet, fact	ory, offic			City or You		nd Number	or Rural Ro	ute Number,	
NT: If item	COMPLE	29e. CERTIFIER (Check only one)	IFYING PHYSIC	CIAN: To the best of R: On the basis of ea	my knowle	end/or in	nth occurred	at the ti	lme, date pinion, d	and place, an	d due to	the cause(e)	end man	ner es atai	ed. e cause(s)	and manner as stated.	
IMPORTANT:	O BE C	296. SIGNATURE AND TITLE	OE CERTIFIER	1	u	- 1	3			29c. LICENS	E NUMB	ER (	5	29d. DAT	E SIGNED (	Month, Day, Year)	

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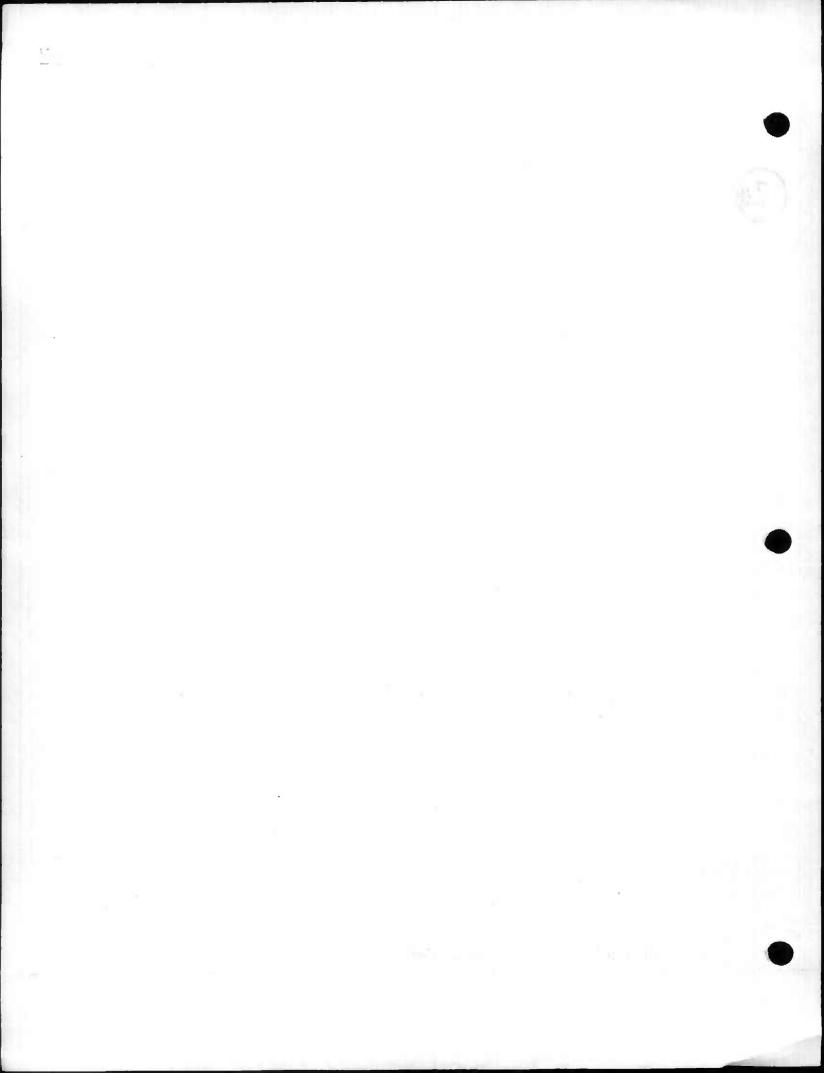
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIF	ICATE O	PUEALH	REG. NO						
	DECEDENT'S NAME (First, Middle, La HANNA	D.	BRISTOW	MAN.		JULY 14	1994	3. TIME OF DEATH 6:00 A. M				
	4. SOCIAL SECURITY NUMBER 222-05-4229		E (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Year) June 2, 19	Co	RTHPLACE (State or Foreign unity)				
OR	6a. FACILITY NAME (If not institution, gi		,	96. CITY, TOWN	or Location of D		9c. COUNTY OF	F DEATH				
5	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR		ntgomery	10c. Cf	Bethe				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	100. STREET AND NUMBER 6005 Sonor	na Road			IOF. ZIP CODE	317		F WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 - NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	В	ACE — American Indian, lack, White, etc. Decity: White				
0	16. DECEDENT'S	EDUCATION	18e. DECEDENT'S	S USUAL OCCUPA	TION	16h KIND OF BU	SINESS/INDUSTR	v				
COMPLETED	(Specify only highest gi	College (1-4 or 5+)	(Give kind of life. Do NOT a	work done during . ise retired.)	nost of working Assistan	Nuclear Regulatory						
≥	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Meiden Surname)							
BE C	Francis A.				Anna	Dillon						
2						Route Number, City or Tow						
	Barbara B. Gabr	iel	/89 Qu	ince Or	chard Bly	d. Gaither	sburg,	MD 20878				
	20a. METHOD OF DISPOSITION  1											
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  JOSEPH GAWLER'S SONS, INC  5130 WI. ANE. N.W. WASHINGTON, D.C. 20016											
	X veur	1 Dog		5130	WI. ANE.	N.W. WASH	TNCTON	D C 20016				
	Approximate ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition											
	reaulting in death)  s. ##165/like  QUETO (OR AS A CONSEQUENCE OF):    Constant   Consta											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  b.   Chronic Obstructive pulmpnary disease. Sylandary of the property of the prope											
	PART II. Other significant condi-	tions contributing to death	but not resulting	In the underly	ing cause given in	Part I. 24s, WAS AN	AUTOBRY	24b. WERE AUTOPSY FINDINGS				
AEDICAL						PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICA											
2	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)						
YS	1 YES 2 NO	1 - Inputient 2 - ER/O	utpatient 3 DOA		ome 5 🗆 Residence	6 Other (Specify)						
ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		JURY	NJURY AT VORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED					
ETED B	3 Suicide 6 Could not determined		RY — At home, ferm, pecify)	street, factory, of	lica	28f. LOCATION (Street City or Town, State)		ral Route Number,				
COMPLE	one)	HYSICIAN: To the best of my known with the heads of examinating the state of examinating the state of the sta						ee(a) and manner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CENT	rasher 1	M.P.		D/2	068		15, 1994				
F	30. NAME AND ADDRESS OF PERSON				BUDGE 1	D 00055						
	MARVIN WADLER, M 31. DATE FILED (Month, Day, Year) 1111 1 9 199	32 REGISTRAR'S SI	GNATURE TO THE PROPERTY OF THE	VE. BE	THESDA. M	D. 20873						
	AOF T 9 100	. //	•	4								

AR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
NAME (First, Middle, Lest)	Nina S Brownin	2. DATE OF DEATH MONTH DAY

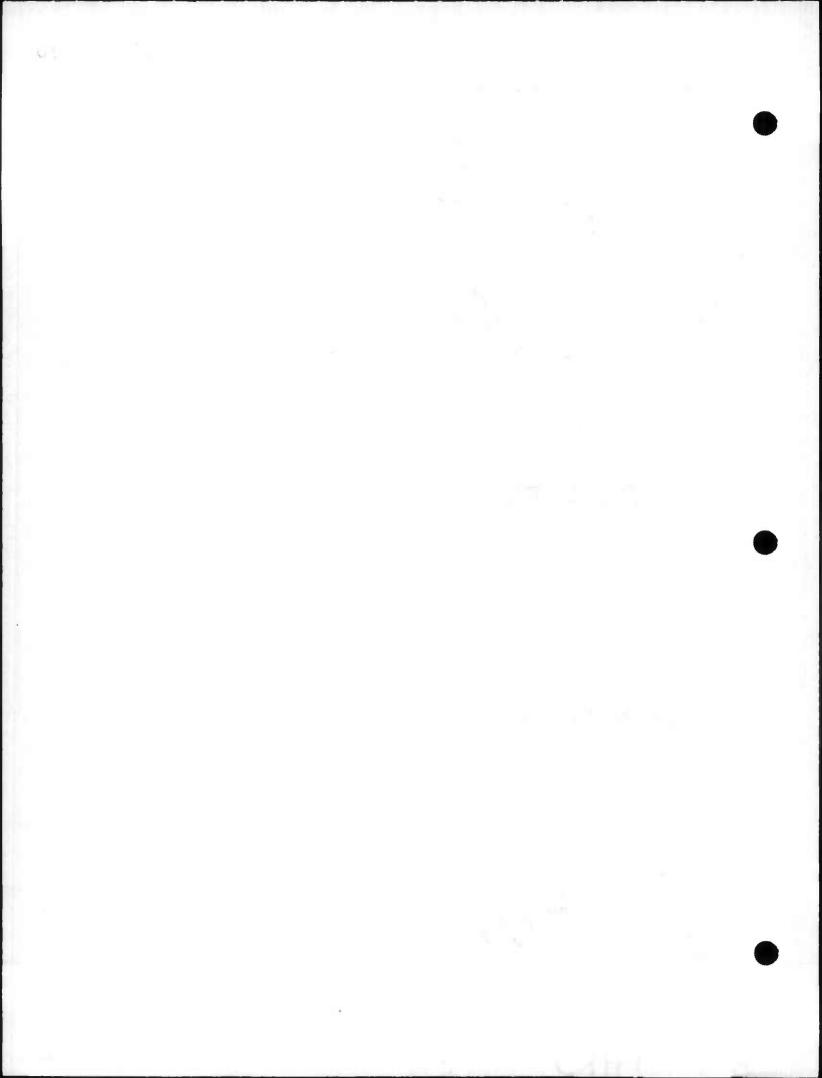
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND I	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Lest)	. 11.			2. DATE OF DEATH		3. TIME OF DEATH					
	Drow3	W Wind	Nina S. B	rowzin	July 16,	1994 YEA	7:15 A M					
		5. SEX 6. AGE (In yrs. lest	birthday) IF UNDER t YEAR		7. DATE OF BIRTH (Month, Day, Year)	0. BI	RTHPLACE (State or Foreign					
	11 2051	1 DM 2 MF 86	YRS. WONTHS DAY	HOURS MIN.	Nov. 27,	1907	Russia					
-	9a. FACILITY NAME (If not institution, give stre		96. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH					
0	7905 Glendale Road	<u>L</u>	Chevy	Chase		Montg	omery					
SE SE	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LO	CATION			10d. INSIDE CITY					
DIRECTOR	Maryland Montgo	merv	Chevy Cha	20			LIMITS?					
	10e. STREET AND NUMBER			101. ZIP CODE		10g, CITIZEN C	1 YES 2 NO					
E	7905 Glendale Road			20815			SA					
FUNERAL		12. WAS DECEDENT EVER IN U.S. ARN FORCES? 1 YES 24 NO		ECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14. R	ACE — American Indian					
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		specify Cuben, Maxicar ES 2 1 NO Specify		1	lack, White, etc.					
	15. DECEDENT'S EDUCA	TION					White					
COMPLETED	(Specify only highest grade co	(Giv	EDENT'S USUAL OCCUPA we kind of work done during Do NOT use retired.)	TION most of working	16b. KIND OF BUS	SINESS/INDUSTR	Y					
PLI	12	College (1-4 or 5+)	Teacher		II S O	Governme	n +					
OM	17. FATHER'S NAME (First, Middle, Last)		reacher	18. MOTHER'S NAS	ME (First, Middle, Meiden		enc					
BE C	Unobtainable			Unobta		Summer						
TO B	19a, INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street			7. State Zin Code						
ř	Olga B. Cragg		05 Glendale									
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remove	20b. PLACE AI	ND DATE OF DISPOSITION	Name of		CATION — City or						
	4 Donation 6 Other (Specify)	Rock (	reek Cemet	ery	7/19 Wash	nington	D.C.					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	IGEE	22. NAME	AND ADDRESS OF FAC	ury Hines-R	inaldi	Funeral Home					
	/U). M.	2	1180   Silv	u New Ham <sub>l</sub> er Spring	shire Ave	nue						
	23. PART I. Enter the diseases, or cor	nplications that caused the des	th. Do not entar the n	node of dying, such	as cardiac or respir	ratory arrest.	Approximate					
	IMMEDIATE CAUSE (Final	it only one cause on each line.	1				interval Between Onset and Death					
	disease or condition resulting in death)	In-tar	Clibre &	2870C			148 AU >					
		DUE TO OR AS A CONSEQ	JENCE OF):				ran is					
O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
A	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQU	JENCE OF):									
밀	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):									
CERTIFICATION	resulting in death) LAST		·				i					
	PART II Other deputies a second											
AL	PART II. Other algorificant conditions of		sulting in the underlyi	ng cauaa given in F	Part I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
MEDIC	- Jenitoi	wtest mal	7 800		1 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?					
Σ	1		•		_		1 TYES 2 -NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER?	IOSPITAL:	OTHER:	PLACE OF DEATH (Chec	ok only one)							
¥	1 YEB 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ 28e. DATE OF INJURY		me 5 Residence 6								
<u>a</u>	1 Netural 5 Pending	(Month, Day, Year)	INJURY W	IJURY AT PORK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED						
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — At home			281. LOCATION (Street or	and Alumbur on Dun	I Bauta Mushau					
	4 Homicide determined	building, etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	to Number of Hore	ii Piodre Number,					
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the hest of my knowledge, deat	h occurred at the time de	le and alone and due to								
<u>S</u>	one) 2 MEDICAL EXAMINER: 0	On the basis of exemination and/or inv	restigation, in my opinion,	death occured at the ti	o the cause(s) and menr me, data and place, and	for an stated,	n(a) and manner as stated					
	296. SIGNATURE AND THEE OF CERTIFIER			29c. LICENSE NUME								
BE	C 111109	TAME	Act	7275	747)	DATE SIGN	ED (Marith, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	70		10	740					
	taul T	. Uppnie	MD.									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					7					
	JUL 1 9 1994	Tuha Davidson-Randa	M.									





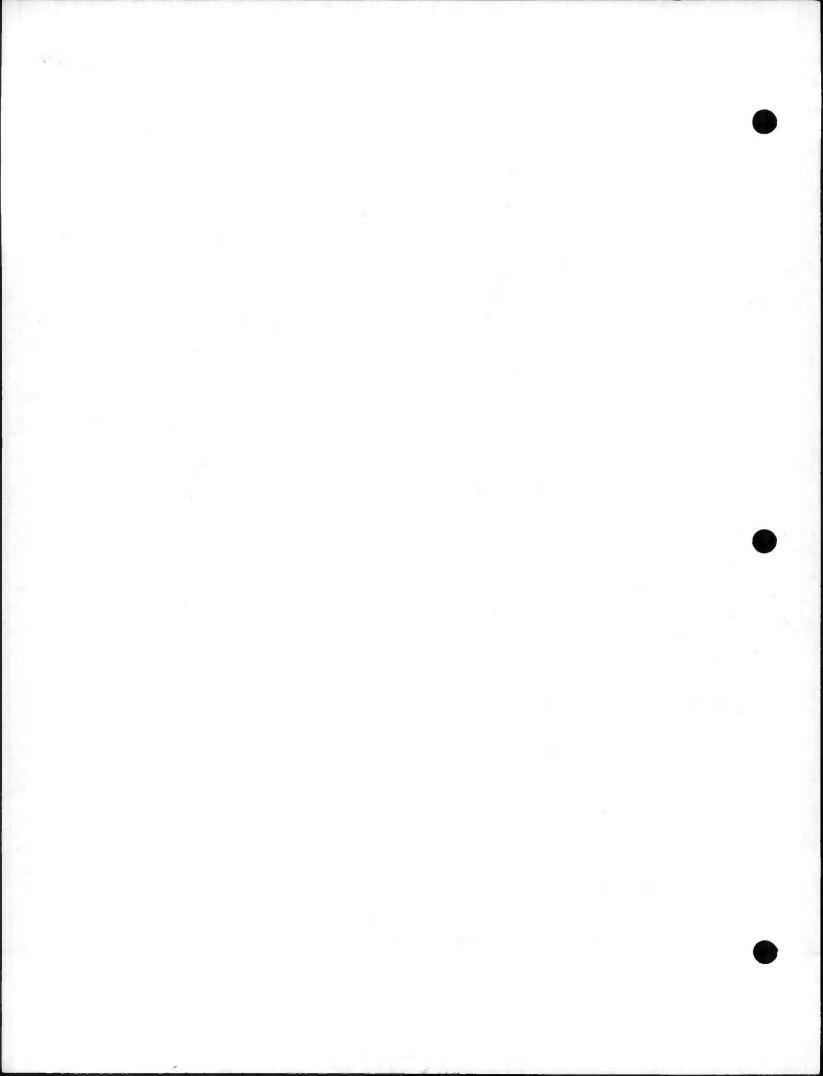
	ă	
	must	
	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
ar death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	redical	
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Jeath	mar	I
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	REGISTRAR		CERTIF	ICALE	F DEATH	REG. NO		
N.	1. DECEDENT'S NAME (First, Middle, Last) adaegh	Nasser H	ladaegh	Bahra	ini	2. DATE OF DEATH MONTH	AV	3. TIME OF DEATH
	Nasser H. Bahrai	ni	ladacgii	Danie	1111	July 14,		8:50 P M
	4. SOCIAL SECURITY NUMBER	A CONTRACTOR OF THE PARTY OF TH	E (In yrs. last birthday)			7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
18	219-52-4728	1 M 2 □ F 5	7 YRS.	MONTHS DA	B HOURS MIN.	(Month, Day, Year) NOV 8, 19	936	Country) Iran
	9a. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOV	N OR LOCATION OF DE	EATH	9c. COUNT	TY OF DEATH
8	14520 Pettit Way			Poto	mac		Mon	ntgomery
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		Tree II and					
<u>E</u>				Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
9	Maryland Monte	gomery	Pot	omac	_			1 TES 2 NO
R I					101. ZIP CODE			EN OF WHAT COUNTRY?
FUNERAL DIRECTOR	14520 Pettit Way				20854			ed States
5	1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X ND	If yes	specify Cuben, Maxica	NC ORIGIN? (Specify Year, Puerto Ricen, atc.)	e or No— 1	4. RACE — American Indian, Black, White, etc.
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 X NO Specif	y:		Specify: White
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/MOLI	
E	(Specify only highest grade ( Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	133, 11113 31 33		
립	_	5+	ObGyr	. Phys	ician	Privat	e Prac	tice
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE C	Morteza B	ahraini			Effat	Kamke	r	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et and Number or Rural	Route Number, City or Tox	rn, State, Zip C	Code)
2	Joyce M. Bahraini		14520	Pettit	Way, Poto	omac, Mary	land 2	20854
- 1	20a, METHOD OF DISPOSITION 1 \( \tilde{\text{A}} \) Burlet \( 2 \) Cremation \( 3 \) Remo	unt from State	0b. PLACE AND DATE	OF DISPOSITION	I(Name of 7 - 1 6 - 9	4 DATE 20c. LC	CATION — CI	ty or Town, State
	4 Donation 5 Other (Specify)	P	arklawn I	lemoria	l Park	Roc	kville	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAM	AND ADDRESS OF FA	CLITY Robert	A. Pun	mphrey_Funeral
	1 /-	M	100689	Home	/Bethesda	-Chevy Cha	se, Ir	nc. 7557 aryland 20814
	23. PARIT i. Enter the disesses, or co	omplications that caus	ed the deeth. Do					
	Shoot, or heart fellure, L	let Dnly one ceuse on	eech line.					Interval Between Onset and Death
	disease or condition	Cardioresp	iratory i	Arrost				Cliset and Deady
	resulting in death)		A CONSEDUENCE D					
z		Multiple M	iyeloma					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEDUENCE O	F):				
S	CAUSE (Disease or Injury							
E	thet initiated events resulting in death) LAST	DUE TO (OR AS	A CDNSEOUENCE O	F):				
ER	leading in death, CAST							
	PART II. Other algnificent conditions	contributing to death	but not resulting	In the underl	ying ceuse given in	Pert I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFD		AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	CX NO	OF DEATH?
Σ.	DID TOBACCO USE C	ONTRIBUTE TO	CALISE OF	DEATH	YES I NO			1 YES 2 ND
M	25. WAS CASE REFERRED TO MEDICAL	OINIKIDOIL IO	CAUSE OF		. PLACE OF DEATH (Ch			
Sic	EXAMINER? 1 ☐ YES 2 🏋 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	rtpatient 3 DOA	OTHER:	fome 5 X Residence			
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF INJURY	7 26b. TIN	E OF 28c.	INJURY AT	26d. DESCRIBE HOW	INJURY OCCU	RED
	1 Natural 5 Pending	(Month, Day, Year)	, in	JURY M 1	WORK?  YES 2 NO			
ЭВУ	2 Accident investigation 3 Suicide 6 Could not be	26a. PLACE OF INJUI	RY At home, ferm,	street, factory,	ffice	281. LOCATION (Street	and Number or	r Rural Route Number,
COMPLETED	4 Homicide datarmined	building, atc. (Sp	овспу)			City or Town, State		
۳	29a. CERTIFIER 1 X CERTIFYING PHYSIC	IAN: To the best of my kno	wiedce death occur	and at the time	tete and place and due	to the enumber and ma		
M								cause(s) and manner as stated.
	296. SIGNATURE AND TITLE DF CERTIFIER							
H	h. hora	12.00			D30		ZVO. DATE	SIGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	. Print)	1 230	- 00		דרונון
	Nasser M	o Vassa	9 hi		michica	n Ave.	N. W	1 washing on
	JUL 1 8 1994	JUNE DELY de	on fandale		0			D.C



BAL	death.
m	after
	hours
4	
0	with
9	D
ISION OF VITAL RECORDS, P.O. BOX 68760	ITTENDING PHYSICIAN: The law requires that the death certificate be executed with
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		1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE C		•	3.	TIME OF DEATH
		Wood	row W	ilson Bas	÷1						July	18		994	4:05 A M
_		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDE		7. DATE O	F BIRTH		. BIRTHPLA	ACE (State or Foreign
		578-54-1638		1 X M 2 TF	81	YRS.	MONTHS	DAYS	HOURS	MIN.		5, 19	912	Mary	land
strong		9a. FACILITY NAME (If not in					9b. CITY,	TOWN	OR LOCAT	ON OF DE				Y OF DEAT	н
2	OR	4912 Flande		nue				K	Kensi	ngto	n			Montg	jomery
: 基/瓣	ᇈ	RESIDENCE OF DEC	10b. COUNT	v		100 CIT	Y, TOWN O	B 1 004	TION						d. INSIDE CITY
	DIRECTOR	Maryland				100.01	1, 10WN 0							100	LIMITS?
The same of the sa	ادا	10e. STREET AND NUMBER		Montgomer	<u> </u>				Kensi M. ZIP COD		n		10a. CITIZI		T COUNTRY?
8 S	ERA	4912 Flande:	rs Ave	niie				1		0895				ed St	
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	1110	12. WAS DECEDEN			13. V	WAS DEC	CENDENT (	OF HISPAN	IC ORIGIN?	(Specify Yes		4. RACE -	American Indian,
002 physical puri	ВУ Е	1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W					secify Cubi		n, Puerto Ri	ican, atc.)		Specify:	hita, atc.
215-0020 attending physician				77-11-11	1000	WWII			120						White
- 2 5	IZ	(Specify onl	EDENT'S EDU y highest grade	completed)		(Give kind of life. Do NOT u	work done o	CUPATI luring mo	ON ost of worki	ng	16b.	KIND OF BUS	INESS/INDU	STRY	
	COMPLETED	Elementary/Secondary (0	)-12)	College (1-4 or 5 + 2	)	Super		ider	ı t		Uni	ted S	tates	Post	Office
AND the hospit detached	<b>∑</b>	17. FATHER'S NAME (First, M	liddle, Last)			Duper		i de l'	_	HER'S NA		iddle, Maiden		rost	OILICE
A De de		Arthur T. Ba	asil							y I.					
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	) BE	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS	(Street a	and Numbe	r or Rural F	Route Numbe	er, City or Town	n, State, Zip C	Code)	
63 43	5	Carol B. Oal	kes			12105	Drev	s C	Court	, Po	tomac	, Mar	yland	2085	14
MORE, age 6 may be director, page		20e. METHOD OF DISPOSIT		oval from State		CE AND DATE		TION (N	ame of	7/10	DATE	20c. LO	CATION — CI	ty or Town,	State
MO age 6 directo		4 Donation 5 Other	(Specify)			gomery	Cre	mat	orium	7/19 n, Ir	ic.	Beth	nesda	Mar	yland
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERA	. SERVICE LIC	ENSEE	7		H C	ome/	ROCK	vill	e, In	bert 1c. 30	A Pu	mphre t Mon	y Funeral tgomery -2805
AND 1: 2 70		Will	LL	over,	/	100672									1-2805
n by		23. PART I. Enter the d shock, or h	iseasea, or c eart fallure.	complications the	caused the	death. Do i	not enter	the mo	ode of dy	ing, suci	h aa cardi	ec or reapl	ratory arre	nt,	Approximate interval Between
		IMMEDIATE CAUSE (Fir disease or condition	nai												Onset and Death
\$ \$ E +		resulting in death)	<b>→</b>	. Respira	or AS A CON										Acute & Chronic
P P P P P P P P P P P P P P P P P P P	_		_	CODD	(On AS A CON	SECOENCE O	7):								Vanna
2 8 ° 0 F	CERTIFICATION	Sequentially list condit if any, leading to imme	ions,	•	OR AS A CON	SEQUENCE O	F):								Years
BOX ficate be ex physician and prior to	2	cause. Enter UNDERLY CAUSE (Disease or inju	ING	c Cigaret											Years
P.O. B( n certificate inding physiene pri by other ti	E	that initiated events reaulting in deeth) LAS		DUE TO	(OR AS A CON	SECUENCE O	F):								
D = 8 = 6	H	roading in door, cho		d											
		PART ii. Other significa	nt condition	e contributing to	deeth but no	ot recuiting	in the un	deriyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
W = P = -1	MEDICAL	Cor pulmon	nale,	Edema-							_	1 YES 2		co	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
U 3 2 2	ME	Possible 1	neumo	nia											YES 2 NO
AL RE le law requi has been s Dept. of H															
VITAL SIAN: The law rtificate has in e State Dept or item 23	SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	_	LACE OF D	DEATH (Che	ock only one	)			
L 을 용판 al	PHYS	1 YES 2 X NO		1 Inpatient 2 I		3 🗆 DOA			ne 5 X R	esidenca	6 Other	(Specify)	HIEW OCC	IDEO.	
NO OF NG PHYSIC fler this cer sath with th			Pending	(Month, D			JURY	W	ORK?	□ NO	280. DEŞC	SHIBE HOW II	NJUNY OCCE	IHEU	- 1
ON VDING I After death	ВУ	2 Accident 3 Suicide	Investigation Could not be	28a. PLACE O	F INJURY — AI	home, farm,	street, facto					TION (Street a	and Number o	r Rural Route	n Number,
TIS STITE	Ħ	4 Homicide	determined	bullding,	etc. (Specify)						City or	r Town, State)			
DIV OR A DIREC Hours	J.E	29a. CERTIFIER (Check only 1 💢 CERT	TIFYING PHYS	ICIAN: To the best of	my knowledge	death occurr	ed at the 1	me, date	e and place	e, and due	to the caus	e(a) and man	ner as stated	1.	
로 가는 본	COMPLETED	anni		R: On the basis of a											d manner as stated.
E HOS I with	E C	29b. SIGN TURE AND TITLE	OF CERTIF	R O					29c. LIC	ENSE NUM	IBER		29d. DATE	SIGNED (Mo	onth, Day, Year)
TO THE HOSPIT TO THE FUNER To filed within 7	0	John	A	Sa	ra	M	0		Dl	0493					, 1994
v	5	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUS	SE OF DEATH (	ITEM 27) (Type	, Print)	ohn	S.	Saia	, M.D	) .			
1071	4		Mill 1	Road, #10			e, Ma	ryl	and	2085	1-168	9			
1		TO DATE JULY DOWN	1994	Pr. REGISTRA	ACCON-	ende <b>ss</b>									
				0		to read of	_				_				DHMH-16 Rev 1/89



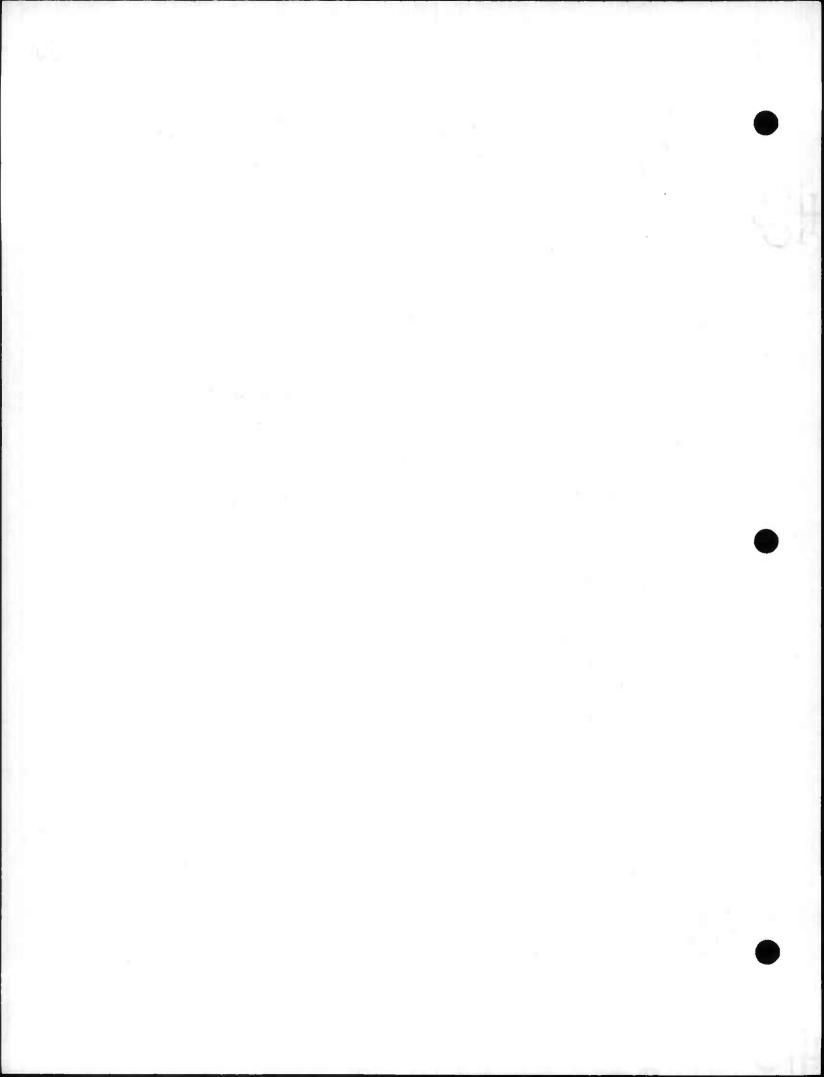
Distincted by New York

	an. (2)	transit pertons. Pa	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physical	i in by the funeral director, page 5 should be detached for use as the bunial- or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perhaps. Page the within 72 hours after death with the State Deot. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

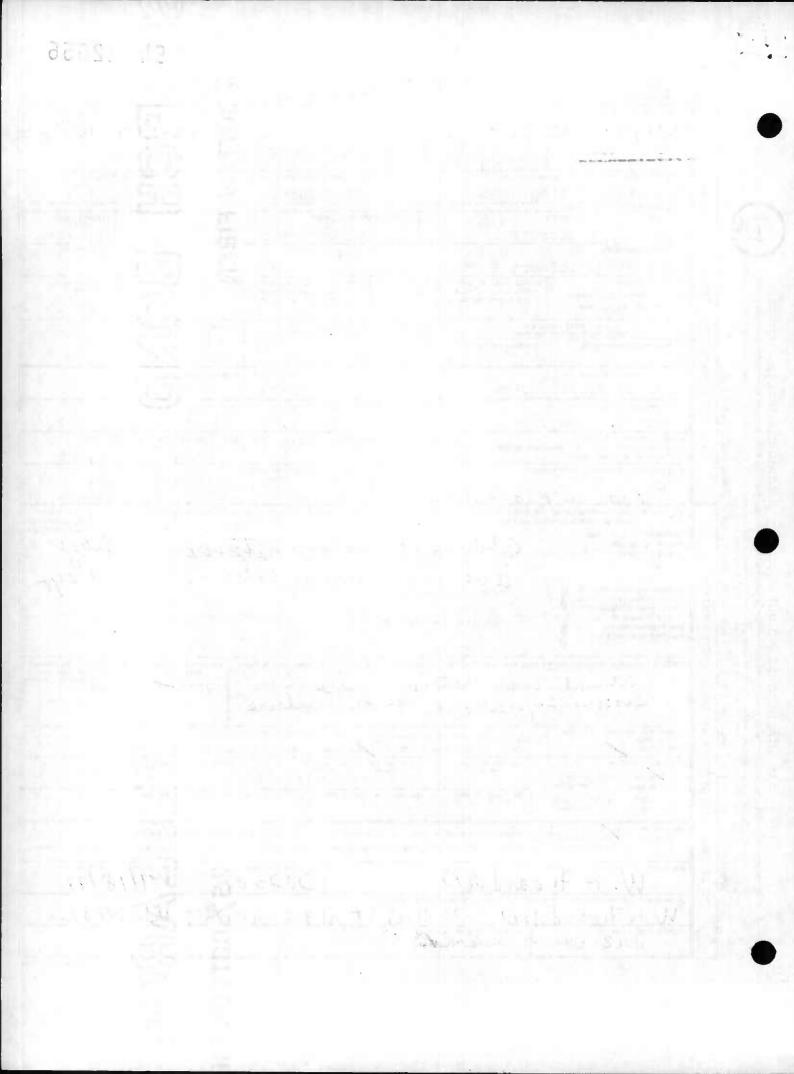
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERIIF	ICATE	OF DEA	ATH	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				•			2. DATE OF	DEATH			3. TIME OF DEATH
	Vena Lu	cille H	Beachy					MONTH	7		YEAR	9:15 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	est hirthday)	IF UNDER 1 Y	EAR IE IMP	ER 24 HRS.	7. DATE OF I	HETH	1994		HPLACE (State or Foreign
	212 24 6100	1 🗆 M 2 🔯 F	91	YRS.		AYS HOURS		(Month, Da	y. Year)		Count	hy)
	213-34-6122		91	Tho.				8/14/	1902		Mar	yland
	Se. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TO	OWN OR LOCA	TION OF DE	ATH		9c. COU	INTY OF I	DEATH
6	Goodwill Mennonit	e Home			Gran	tsvill	Ω			C:	arre	-+
5	RESIDENCE OF DECEDENT				OL al	CSVLLJ				Ge	ILLE	
2	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
□	Maryland Garre	++		Cra	ntsvi1	10						1√ YES 2 NO
1	10e. STREET AND NUMBER			1.131.01	HIPATT	10f. ZIP CO	DE			10o CIT	IZEN OF	WHAT COUNTRY?
E.										109. 0.1	LELIT OF	WILL COOMING
FUNERAL DIRECTOR	91 Main Street					2153				US?		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	RMED NO	13. WA	DECENDENT	OF HISPAN	IC ORIGIN? (S	pecify Yea	or No-	14. RAC	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	YES 2			YES 2 XN			1, 010.)		Spec	
	3 X Washer 4 B Shorter										Whit	ce
Ш	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL OCCU	JPATION ng most of wor	felia a	16b. KIN	O OF BUS	INESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	- Bi	a. Do NOT us	se retired.)	ng most or wor.	King					
4	8 th			nemake	or				Own I	Jomo		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1101	IICIIICIN		16 MC	THER'S NAL	AE (First, Midd				
	2.30/1/25/20/1/4								e, Melueri	Surnamej		
BE	Jeremiah L. Yost						za Sa					
2	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S	treet and Numb	er or Rural R	oute Number, (	City or Town	n, State, Zij	p Code)	
-	Kay Speicher			2.0. 1	Box 6.	Grant	svi 11	e. Mai	rv1ar	nd 21	536	
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOSITION			DATE				own, State
	N Burief 2 ☐ Cremetion 3 ☐ Rem	ioval from State		rematory or o		0 + 0 1021		7/8				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSES.	IGLain	SVII.		etery ME AND ADDR			Grai	ntsvi	11.1.e	
	. 0 4)					man Fu			- D	7\		
(8	XV. Ouna	1 lour	xau								_	
	23. PART I. Enter the diseases, or	complications the	t caused the d	eath Do	oot enter th	ntsvil	idea evet	lar y Lai	IQ Z	21330	>	1. A
	ahock, or haart fallure.	Liat only one cau	aa on aach lin	a.								Approximata interval Between
i ii	IMMEDIATE CAUSE (Final	•	(OR AS A CONSE		,	5				7		Onset and Death
	disease or condition resulting in death)	a d	morai	Libra	2 0	nger	Cup	Hen	7 (	120		
1		DUE TO	(OR AS A CONSI	EOUENCE O	F):	0						
7	_	. (	سمددت	- Roman	Ant	-	Disa					
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSE	OUENCE OF	F):	<del></del>						<u> </u>
AT	If any, leading to immediate cause. Enter UNDERLYING			,								İ
윤	CAUSE (Disease or Injury	C. DUE TO	(OR AS A CONSE	OHENCE OF	E).							
Ē	that initiated eventa reaulting in death) LAST		(	.oozoz o.								i
<b>iii</b>		d										
	PART II. Other significant condition	as contributing to	death but not	regulting	In the unde	dulas seuse	ahian In I	Dant I Date	. WAS AN		Lau	
EDICAL	The state of the s	Ta contributing to	death but not	resulting	in the origa	riying causa	givan in i	Part 1, 24s	PERFOR		240	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8								1(	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
											- 1	1 YES 2 NO
2								_				1 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
S	EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (Che	ck only one)				
S	1 TYES 2 NO	1   Inpatient 2	ER/Outpatient	3 DOA		Home 5 🗆	Residence (	6 Other (Sp	ecify)			
¥	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY	26b. TIM	IE OF 28	c. INJURY AT		26d. DESCRI	BE HOW I	NJURY OC	CURED	
	Natural 5 Pending	(Month, D	sy, reury	ING	4.0	WORK?	□ NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE O	F INJURY — At h	ome ferm	street factory	office	_	26f. LOCATIO	N /Ctmat a	and Alumba	e as Pount	Dougla Musebas
		building,	atc. (Specify)	, 12,		Office			wn, State)	ING NUMBER	Or NUMBER	Noute trumber,
		1										
E 1	_ U COOID NOT DE											
PLETI	4 Homicide detarmined	ICIAN: To the beat of	my knowledge, d	eath occurr	ed at the time	, date and plac	ca, end due t	to the cause(a	) and men	ner ea ste	ted.	
MPLET	4 Homicide detarmined  29a. CERTIFIER (Check only)  CERTIFYING PHYS											a) and manner as stated.
COMPLETED	4 ☐ Homicide detarmined  29a. CERTIFIER (Check only one)  2 ☐ MEDICAL EXAMINE	ER: On the beals of a				ion, death occ	ured at the t	lime, date and		d due to ti	he cause(	
	4 Homicide detarmined  29a. CERTIFIER (Check only)  CERTIFYING PHYS	ER: On the beals of a				ion, death occ		lime, date and		d due to ti	he cause(	s) and manner as stated.  D (Month, Day, Year)
出	29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. SIGNATURE AND TITLE OF CERTIFIER  29c. SIGNATURE AND TITLE OF CERTIFIER  29c. SIGNATURE AND TITLE OF CERTIFIER	ER: On the beala of at	camination and/or	Investigation	on, in my opin	ion, death occ	ured at the t	lime, date and		d due to ti	he cause(	
	4 ☐ Homicide detarmined  29a. CERTIFIER (Check only one)  2 ☐ MEDICAL EXAMINE	ER: On the beala of at	camination and/or	Investigation	on, in my opin	ion, death occ	CENSE NUM	lime, date and		d due to ti	he cause(	(Month, Day, Year)
믦	29a. CERTIFIER (Check only orie)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND AD RESS OF PERSON WH	O COMPLETED CAUS	samination and/or	Investigation	on, In my opin	29c. LI	CENSE NUM	BER	place, an	29d. DAT	E SIGNED	(Month, Day, Year)
出	29a. CERTIFIER (Check only orie) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND A RESS OF PERSON WH. Jesus H. Tan, M.	O COMPLETED CAUSE.  D., Fros	se of Death (IT)	Investigation	on, In my opin	29c. LI	CENSE NUM	lime, date and	place, an	d due to ti	E SIGNED	(Month, Day, Year)
出	29a. CERTIFIER (Check only orie)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND AD RESS OF PERSON WH	O COMPLETED CAUSE  D., Fros  32. REGISTRA	se of DEATH (ITI  tburg P  R'S SIGNATURE	EM 27) (Type,	on, In my opin	29c. LI	CENSE NUM	BER	place, an	29d. DAT	E SIGNED	(Month, Day, Year)



	1. DECEDENT'S NAME (First, Middle, Lest)	Stant	Brow	Co		2. DATE OF MONTH	DAY	YEAR 3. TIME OF DEATH		
	4. socy. Lyse Cupy Ty August 17 - 18 - 8559	1 XM 2 F	E (In yrs. last birthday) 70 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De 2	BIRTH 8%, Your) 1924	BIRTHPLACE (State or Foreign Country) Maryland		
SH	sa. FACUTY WAME (If not institution, give Longview Nursi				or Location of De	ATH	and the second of	9c. COUNTY OF DEATH  Carroll		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		10c. Cl	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER 732 Old Balti	1. / L. / L.		-	OH. ZIP CODE 21157	I H	10g. CITIZE	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 ND	If yes, s	CENDENT OF HISPAN specify Cuban, Mexice is 2 NO Specify	n, Puerto Rica	specify Yes or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White		
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT	s usual occupat f work done during m use retired.)	nost of working		nd of Business/INDU	STRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  Edward Harris	Brown				ME (First, Midd	ile, Maiden Surname) Mummaugh			
10	19a. INFORMANT'S NAME (Type/Print) Ruth L. Kinze	er					City or Town, State, Zip C .nster, M			
	1 Deurial 2 Cremation 3 Ref 4 Donation 5 Other (Specify)		emetery, crematory or Yestmins	ster Ce	Vame of 7/21/		Westmin	ster, MD		
	23. PART I. Enter the diseases, or	Pritts - Sur complications that cause	vetter bed the death. Do	412	Washin	aton	Home & C	tminster.		
	23. PART i. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Aldo	ed the death. Do sach line.	not enter the m	Washin ode of dying, auc	gton h as cardiad	Rd . Wes	tminster Approximat interval Bet		
ERTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition	a. OLLAS  DUE TO (OR AS  DUE TO (OR AS	munch	OF):	Washin	gton h as cardiad	Rd . Wes	tminster. Approximate interval Bet		
: MEDICAL CERTIFICATION	shock, or heart feliure  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS	B A CONSEQUENCE (	OF): OF): OF):	Washin ode of dying, such washing with the work of the	tor lor Part I. 24	Rd . Wes	Approximate interval Bet Onset and I MUN I /24/  24b. WERE AUTOPSY FINE AMAILABLE FRIOR TO COMPLETION OF CAL OF DEATH?		
AN: MEDICAL C	shock, or heart feliure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	B A CONSEQUENCE ( B A CONSEQUENCE ( B A CONSEQUENCE ( B Dut not resulting	OF):  OF):	mashin ode of dying, such and company course given in such a control of the contr	Part I. 24	a. WAS AN AUTOPSY PERFORMED?	Approximate interval Bett Onset and Conset a		
PHYSICIAN: MEDICAL C	shock, or heart fellure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CAUSE (Disease or Injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 THE STORY  27. MANNER OF DEATH  1 Return 5 Pending	a. DUE TO (OR AS  D. DUE TO (O	B A CONSEQUENCE OF A CO	OF):  OF):  OF):  OF):  OF):  OTHER:  4 Defursing Hollstory  NUMBER:  NUMB	washin ode of dying, such and common	Part I. 24	a. WAS AN AUTOPSY PERFORMED?	Approximate interval Bet Onset and Conset an		
ED BY PHYSICIAN: MEDICAL C	shock, or heart feliure  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE ( B A CONSEQUENCE ( B A CONSEQUENCE ( B Dut not reaulting  Little ( B DOA  1	OF):  OF):	Mashin  Inde of dying, such  Index of dying,	Part I. 24  eck only one)  6 Other (S)  281. LOCATION	e. Was an autopsy performed?	Approximatinatival Bet Onset and I Onset a		
D BY PHYSICIAN: MEDICAL C	shock, or heart fellure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  STATUS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO	B A CONSEQUENCE ( B A CONSEQUE	OF):  OF):  OF):  OF):  OF):  OF):  OTHER:  4 Defunding Ho  IME OF  A Defunding Ho  IME OF  A Street, factory, off  ordered at the time, desured at the time	Washin  ode of dying, such  compared to the co	Part I. 24  Cother (S)  28d. DESCR  28f. LOCATIC City or 3	e. WAS AN AUTOPSY PERFORMED?  YES 2 AND  ON (Street and Number of own, State)  e) end manner as stated.	Approximatinatival Bet Onset and I Onset a		

32. REGISTRAR'S SIGNATURE



1 - FOR STATE REGISTRAR	S	STATE OF I	MARYLA			OF HEALTH AND OF DEATH	MEN	TAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Midd	olle, Last)				7			ATE OF DEATH			TIME OF DEATH
Manie		Α.			Ba	ELL		GLY 1	1, 1989	EAR	0545 M
4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In	yrs. last birthday		YEAR IF UNDER 24 HRS		ATE OF BIRTH forth, Day, Year)	8.	BIRTNPL/ Country)	ACE (State or Foreign
217–36–0818		M 2 □XE	L	80 YRS.				79/1913	9c, COUNTY		yland
	9a. FACILITY NAME (If not institution, give street end number)  PENINSULA REGIONAL MEDICAL CENTER					9b. CITY, TOWN OR LOCATION OF DEATN  C A T T C DYID V					'N
PENINSULA RE	ENTER	] SA	LISBURY			WICO	MICO				
	COUNTY			10c, C	ITY, TOWN OR	LOCATION				10	d. INSIDE CITY LIMITS?
Maryland V	Worces	ter		Po	comoke					1]	YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE		•	10g. CITIZE	N OF WHA	T COUNTRY?
402 Fifth St						21851			US	A	
11. MARITAL STATUS  1 Never Married 2 Merr	led	WAS DECEDEN FORCES? 1	YES	2 X NO	H y	S DECENDENT OF HISF es, specify Cuben, Mex	icen, Pue		or No — 14	RACE — Black, W	American Indian, hite, etc.
3 🔀 Widowed 4 🗆 Divorced		IF YES, GIVE V	MAR OR DAT	ES	10	YES 2 X NO Spe	cify:			Specify:	white
15. DECEDEN (Specify only high	T'S EDUCATION		1	ISa. DECEDENT	S USUAL OCC	UPATION	Т	16b. KIND OF BUS	INESS/INDUS		
Elementary/Secondary (0-12)		ollege (1-4 or 5	+)	life. Do NOT	use retired.)	ing most of working					
8				Homema	ker						
17. FATNER'S NAME (First, Middle,	Lest)					18. MOTNER'S	NAME (Fi	rst, Middle, Meiden	Surneme)		
Peter Marsha		<del>.</del>				Irene					
						Street and Number or Run					19720
Jacob M. Bell	l. Jr.		200	112 Bu	rton A	ve., Rodae	ers	Manor, N	Tew Ca	stle	, Del
1 X Burtal 2 Cremetion 3 4 Donation 5 Other (Spec		from State	cemet	ery, crematory of	other plecel					,	
21. SIGNATURE OF FUNERAL SE		EE	Ren	obeth		ist Cemete			obeth	, Ma	•
10 7	C /	Melx				lson Funer					
23. PART I. Enter the disect	<u>ب.</u> / ر			the death De	PO	BOX 64, I	OCO	moke Cit	y, Md	. 218	
shock, or heert	failure. Liet	only one cau	nse Du eec	ch line.	not enter tr	e mode of dying, a	uch as	cardiac or reapli	ratory arrea	t,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition		60	CTP	17	Luna	Phon A					Onset and Death
resulting in death)	a	DUE TO	OR AS A C	CONSEQUENCE	OFY.	MOTO A					
											İ
Sequentially list conditions, if any, leading to immediate		DUE TO	(OR AS A C	CONSEQUENCE	OF):						
cause. Enter UNDERLYING CAUSE (Disease or injury	<pre>c _</pre>										
that initiated events resulting in death) LAST		DUE TO	(OR AS A C	ONSEQUENCE	OF):						
	d										
PART II. Other significent co	onditiona co	entributing to	deeth but	not resulting	In the unde	orlying couse given	In Part I				RE AUTOPSY FINDINGS
								PERFOR		CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
										1	YES 2 NO
DID TOBACCO I	USE CO	NTRIBUTE	TO C	AUSE O	F DEATH	YES N	0 [				
25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:			OTHER:	26. PLACE OF DEATN	Check on	y one)			
1 TYES 2 DING		Inpatient 2			4 - Nursin	g Nome 5 🗆 Reeldenc	• B 🗆 C	Other (Specify)			
27. MANNER OF DEATN  1 Natural 5 Pend	lina	28e. DATE OF (Month, D	ay, Year)		IME OF 28	Sc. INJURY AT WORK?	28d.	DESCRIBE NOW IN	JURY OCCUP	RED	
2 Accident Inves	tigation	280 DI ACE C	VE IN HIRV	- At home, farm		1 YES 2 NO	-				
3 Suicide 6 Could 4 Nomicide deter	d not be mined	building,	etc. (Specify	)	, street, factor	, office	261.	LOCATION (Street a: City or Town, State)	nd Number or	Rural Routi	e Number,
29a, CERTIFIER											
						e, data and place, end d alon, death occured at t					nd menner as stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER					29c LICENSE N	UMBER	Т	29d. DATE S	IGNED (M	onth, Day, Year)
Vaul Kak	lux					1)248	77	2	> 7/	18/	94
PAUL & FL	LU Ru	MPLETED CAU	SE OF DEAT	RIVE	se Print)	Du	SA	45 bun	y M	d	
31. DATE FILED (Month, Day, Year)					-				-		
	1994	32. BYGISTR		URE V Roube	4			-			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permode within 72 hours after death with the State Gept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.
E.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 8 may be retained by the hosp
מוציו ויינון ווינון ווינון ווינון ווינון	

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Ellen R B.	loxom				2. DATE OF DEATH MONTH DA					
		□ M 2 🌣 F	80 YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 03-11-1	a. BHRTHPLACE (State or Foreign Country) -1914 Virginia				
TOR	Hartley Hall Nursing Home Inc Pocomoke City  Pesidence of December  Pocomoke City  Worcester										
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Worcest	er	10c. CITY,	POCOMO				10d, INSIDE CITY LIMITS?  YES 2 NO			
EHAL	100. STREET AND NUMBER 511 Market Street			101.	ZIP CODE 21851		10g. CITIZEN OF	WHAT COUNTRY?			
BY		2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	NDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No — 14. RA Bla	CE - American Indian, ock, White, etc.			
COMPLETED	15. DECEDENT'S EDUCAT (Specily only highest grade con Elementary/Becondary (0-12)	(TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Processor	rk done during mos retired.)	N t of working	Moores Bu		Forms			
COM	17. FATHER'S NAME (First, Middle, Last)		1100000001		18. MOTHER'S NA	AME (First, Middle, Maiden		1011115			
BE	Samuel Risley  19a, INFORMANT'S NAME (Type/Print)					xas Collin					
2	Lea Matthews		45			Pocomoke, M		21.851			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove		PLACE AND DATE OF	DISPOSITION (Ner			CATION - City or				
	4 Donation 6 Other (Specify)	U	netery, cremetory or othe	ckville (			backville	. Va.			
	Scatt S. 11	melser		Melson PO BOX	Funera 64. Po	1 Home	v, Md.	21851			
ERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. List immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ech line.			of Brea		Approximate Interval Between Opset and Dasth			
AN: MEDICAL C	megacal	entia. (	eut not resulting in Pierhos Xicate Ereinom	is, N	couse given in IDDM	Part I. 24a. WAS AN PERFORI	MED?	II. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 50 NO			
		IOSPITAL:		THER:	CE OF DEATH (Ch						
BY PHYSICIAN:	27. MANNER OF DEATH  1  Netural 5 Pending 2  Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c, INJU	RY AT	6 Other (Specify)  28d. DESCRIBE HOW IN	IJURY OCCURED				
ETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a, CERTIFIER (Check only one)  1  CERTIFYING PHYSICIA 2  MEDICAL EXAMINER: 0							(a) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF PERTIFIER	Sello.	S &		29c. LICENSE NUI D - 29			0 (Month, Day, Year) -15 -94			
	30. NAME AND ADDRESS OF PERSON WHO CO GREGORIO M. 18 31. DATE FILED (Month, Day, Year) JUL 2 0 1994	ELLOSO, M	(.D. 442	BEEC	HWOOD,	CRISFIEL	P. M.D	21817			

8. 1	1		OB.
3	16		S
Se	The con	,	ermit.
	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, pages
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: Thours after death. Page 6 may be retained by the hospital or attending physician.	OR: After this certificate has been signed by the attending physician and completely fill
	ΔIQ	L OR A	DIREC.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing. Thours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ΓΕ	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
ISTRAR	CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				D	2. DATE OF D	EATH		3. TIME OF DEATH		
	MICHAEL		BU	LLOCK	JR.	JULY	18 199	PRABY O. A	9 • 41 7 M		
į.	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (I	In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH		IPLACE (State or Foreign y) Hampton,		
	231-13-0114	□XM 2 □ F 17	YRS. MOI	THE DAYS	HOURS MIN.	Februa	ry 24,1	977	Virginia		
	9a. FACILITY NAME (If not institution, give street	and number)	9b	CITY, TOWN O	R LOCATION OF DE	ATH	9c. CO	UNTY OF D			
DIRECTOR	NORTHWEST HOSPI	TAL CENTE	ER F	RANDAI	LSTOWN		BA	LTI	MORE		
Ë	Money 1 and D = 1 to 4 and			OWN OR LOCAT					10d. INSIDE CITY LIMITS?		
	Maryland Baltimo	ore County	OWII	ngs Mil					1 TES 2 X NO		
FUNERAL	131 Willow Bend Dri	i A = = = + ==	ant / C	10f.	ZIP CODE				States		
N N		. WAS DECEDENT EVER IN		12 WAS DEC	21117 ENDENT OF HISPAN	UC OBIOINS (B-		Amer			
	1XXNever Married 2 Married	FORCES? 1 YES	2 X NO	If yes, spe	city Cuban, Maxical	n, Puerto Rican,	etc.)	Blac Spec	E — American Indian, k, White, etc.		
ВУ	3 Widowed 4 Divorced			" "	7,22,				ack		
Ħ	15. DECEDENT'S EDUCATION (Specify only highest grade com-		16a. DECEDENT'S USU (Give kind of work	done during mo:	N st of working	16b. KIND	OF BUSINESS/II	NOUSTRY			
COMPLETED	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	iile. Do NOT use re			F	ducatio				
MO	17. FATHER'S NAME (First, Middle, Last)		Stagel		16. MOTHER'S NA						
ŏ	Michael Bullock, Si	· .			Margare						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F			Zip Code)			
2	Delores Winborne		131 Wil	Llow Be	nd Drive	#4-C,	Owings	Mil1	s, MD		
	20a, METHOD OF DISPOSITION  1	20b.	PLACEANDDATEOFD	ISPOSITION (Na	me of	70A7E3	20c. LOCATION -	- City or To	wn, State		
	4 Donation 5 Other (Specify)	Ca	etery, crematory or other naan Bapt:	lst Chu	rch Cem.	1994	Suffol	k, Vi	rginia		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00690  22. NAME AND ADDRESS OF FACILITY  Crocker Funeral Home, Inc.							23434			
	Noward NI	Causen			E. Washi				olk, VA		
	23. PART I. Enter the diseases, or com shock, or heart feilure. List	plications that caused	the death. Do not a	enter the mo	da of dying, suci	h aa cardlac c	or respiratory a	rreat,	Approximata		
	IMMEDIATE CAUSE (Final	, one added on the	out 11116.						Onset and Death		
	resulting in death)	disease or condition									
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		11								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in deeth) LAST										
	PART II. Other algolificant conditions of	ontributing to death br	ut not reaulting in ti	ne underlying	cause given in	Part I. 24e.	WAS AN AUTOPS	y 24b	WERE AUTOPSY FINDINGS		
CAL							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						_   'X	YES 2 NO		OF DEATH?		
PHYSICIAN: M	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH '	ES NO				XX. ss s B ss		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000174			ACE OF DEATH (Che	ack only one)					
YSI	-77 400 0 77 440	OSPITAL: Inpatient 2 TER/Outp		THER:  Nursing Hom	5 🗆 Residence	6 Other (Spe	cify)				
H	27. MANNER OF DEATH  1 [X] Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	RK?	28d. OESCRIB	E HOW INJURY O	CCUREO			
BY	2 Accident Investigation	20 51 105 05 11111111			ES 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree city)	t, factory, offici	'	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,		
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	Y: To the best of my knowl	ledge, death occurred at	the time, data	and place, and dua	to the cause(n)	and manner as =	lated.			
WO	one) 2 MEDICAL EXAMINER: O	_							a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	11		T	29c. LICENSE NUN				(Month, Day, Year)		
D BE	Theodore M.	Kun Co	Mil.		O.C.N	1.E.			19,1994		
2	30. NAME AND ADDRESS OF PERSON WHO CO			,							
	Theodore King M		111 Penn	Stre	et, Bal	Ltimor	e, Mar	ylar	nd 21201		
	JUL 2 2 1994	32. REGISTRAR'S SIGNA	Son-Pandall								

	1 - STATE REGISTRAR	SIAIE UF MA		RTIF	ICATE C	r HEA DF D	EAT	NU M H	MENIAL	REG. NO.	t		
	1. DECEDENT'S NAME (First, Middle, Last)	MAHLO		B	RYA	W:	7		2. DATE O		19	94	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		IF UNDER 1 YE	_	F UNDER 2	4 HRS.	7. DATE O (Month,	F BIRTN Day, Year)		8. BIRTN Countr	PLACE (State or Foreign y)
	240 80 8596	1 00 M 2 □ F	46	YRS.						15,194			h Carolina
DIMECTOR										Georges			
נו	RESIDENCE OF DECEDENT  100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION										10d. INSIDE CITY		
5										LIMITS?			
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W												
ᇤ	3401 Stoneboro	Road					20	744			Uni	ted S	States
BY FUNERAL													
3	15. DECEDENT'S EDI (Specify only highest grad	JCATION			USUAL OCCUI		d combine	-	16b. I	KIND OF BUS	INESS/IN		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hfo.	Do NOT u	se retired.)	y most o	Working						
Σ		2	FOR	CAST	ER							HONE	COMPANY
	17. FATNER'S NAME (First, Middle, Last)					18				iddle, Maiden	Sumeme)		
出	ARLIN BRYANT  190. INFORMANT'S NAME (Type/Print)		40)		4000000				ALDRI				
2		(WIFE)			Stoneb								0744
	20e. METNOD OF DISPOSITION	,WII L)			OF DISPOSITION			IU , I	OATE.			City or To	
	1 X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	HARMO	MY M	ther place) EMORIA	I. P	ARK		7/23				RYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22. NAM	E AND	ADDRESS		CILITY				
	Daley & f	as do	M	859	AL.	EXAN 38 N	NDER Marl	S. bor	POPE	FUNE	RAL	HOME:	S Md 20747
PERFORMED? AVAILABLE PRIOR T													
								WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO					
N	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEATH	YES	S 🔲	NC					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   El	R/Outpatient 3	DOA	OTHER:				sck only one				
	27. MANNER OF GEATN	28e. DATE OF IN. (Month, Day,	JURY	26b. TIM	E OF 28c	. INJURY	Y AT			RIBE NOW IP	NJURY OC	CUREO	
-	1 Natural 6 Pending 2 Accident Investigation	(MOILIT, Day,	rear)	IN.	M 1	WORK?	2 🗆	NO					
ובה פ	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number of City or Town, State)							Route Number,				
COMPLE	one	SICIAN: To the best of my ER: On the basis of exam											) and manner ee stated.
0 85 0	296. SIGNATURE AND TITLE OF CERTIFIE  Augmonths  The second secon	ralle	di	9		25	C. LICEN	SE NUM	19 7 9		29d. A	TE SIGNED	(Month, Day, Year)
	ALFONSO	HO CONFLETEO CAUSE	M.D		Print)	114	#	on	De	., 4	fre	Do !	10 20Th
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE DAVIDSON	Pand	182						_		

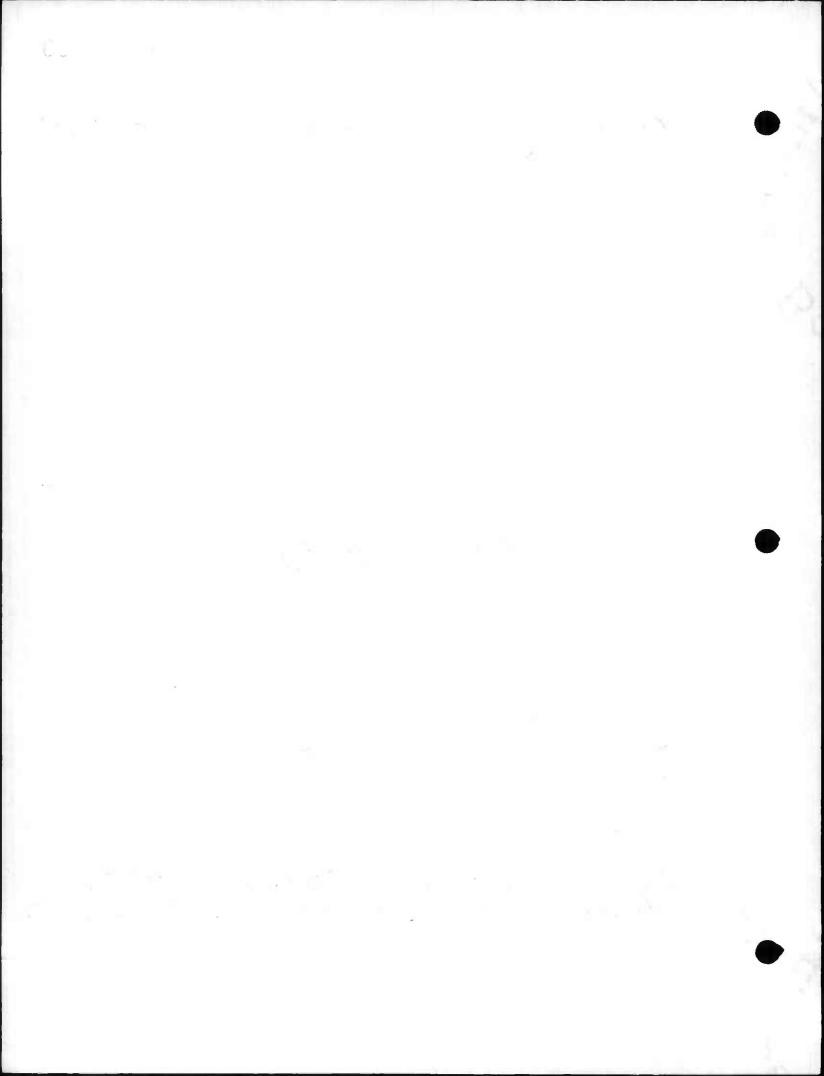
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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DNMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-00	nin 24 hours after death. Page 6 may be retained by the hospital or attending p	ely filled in by the funeral director, page 5 should be detached for use as the b nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH			
	Robert Jose	Dh Reia	0.1			July 8,	1994 YEAR				
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIR	THPLACE (State or Foreign			
	578-38-8234	1 💢 M 2 🗆 F 7 ]	_	MONTHS DAYS	HOURS MIN.	12-26-1	922 New	York York			
OB	9a, FACILITY NAME (If not institution, give str HOLY Cross Hos I500 Forest GI	pital en Road,S.	s.		er Sprin		Monto	omery			
្រួ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c C	ITY, TOWN OR LOCA	TION			10d, INSIDE CITY			
DIRECTOR	Maryland Montg	omery		spen Hi				LIMITS?			
FUNERAL	100. STREET AND NUMBER  2801 Urbana Dr	ive			1. ZIP CODE 20906-50	132-01	10g. CITIZEN OF	WHAT COUNTRY?			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			C ORIGIN? (Specify Yes		CE — American Indian.			
	1 Never Married 2 Married	FORCES? YES	2 NO	If yes, sp	ecify Cuban, Mexican	, Puerto Rican, etc.)	Ble	ck, White, etc.			
B	3 Widowed 4 Divorced	Army	AICO	I L YES	2 XNO Specify:		Spi	WHITE			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT	'S USUAL OCCUPATI	DN	16b. KIND OF BU	SINESS/INOUSTRY				
ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o life. Do NOT	of work done during me use retired.)	ost of working						
릴		2yrs	Posta	al Super	cvisor	U.S.1	Postal	Service			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)				
BE C	Antony Beige	1			Doris	Wales	5				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	and Number or Rural Re	oute Number, City or Tow	n, State, Zip Code)	5032-01			
2	Betty Klotz	Beigel	280					,MD.20906			
	20s. METHOD OF DISPOSITION			E OF DISPOSITION (N			CATION — City or				
	1 Burial 2 Cremation 3 Ramo 4 Nonation 5 Other (Specify)		etery, crematory or eorget	cother place)	.School	8/8/14 V	Vashino	ton.DC.			
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	ND ADDRESS OF FAC	ILITY					
	>/	Trute				ter Fune					
- 17	Jeny 4			3603	14th S	treet N.	.W. Was	h, D.C.200			
9	23. PART I. Enter the diseases, or co shock, or neert fellure. L	Ist only one ceuse on e	the deeth, Do ech line.	not enter the mo	de of dying, such	as cardlec or respi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE Final							Onset and Death			
	resulting in death)	disease or condition resulting in death)									
		DUE TO (OR AS A	CONSEQUENCE	OF) 1 -1							
NO	Sequentially list conditions,	acute	rona	u fail	une_			2 days			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF): //				•			
5	CAUSE (Disease or injury 6	DUE TO (OR AS A	CONSEQUENCE	05:							
Ē	that initiated events resulting in deeth) LAST	202 10 (011 10 1	OUNGEO DENCE	Or ).				i			
ij	d										
AL	PART II. Other aignificent conditions		ut not resulting	g in the underlyin	g ceuse given in F	Pert I. 24a. WAS AN		Ib. WERE AUTOPSY FINDINGS			
5	progressive lege	neighbre a	eurolo	cie anoc	ers	1 _ YES 2	IMCO.	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC	0		(	0				OF DEATH?			
-						-					
¥	25. WAS CASE REFERRED TO MEDICAL	-		26. P	LACE OF DEATH (Chec	ck only one)					
S		HOSPITAL: 1 Impetient 2 ER/Outp	etient 3 DOA	OTHER:	ne 5 🗆 Rasidence 6	Diber (Specific)					
主	27. MANNER OF DEATH	284. DATE OF INJURY	26b. TI	IME OF 28c. IN.	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUREO				
	1 Natural 5 Pending	(Month, Day, Year)	"		YES 2 NO						
BY	2 Devlated	28e. PLACE OF INJURY	— At home, farm	street, tactory, offic	•	281, LOCATION (Street	and Number or Rura	l Route Number.			
삗	4 Homicide 6 Could not be	building, etc. (Spec	elly)			City or Town, State)		2.73.2.77.734.1			
Ë	290. CERTIFIER	NAME TO ALL A STATE OF THE STAT		ROLLVELVE NA							
MP	(Check only	ZAN: To the best of my knowl									
COMPLETED		t: On the basis of examination	. whose myssight	my opinion, o	wern occured at the t	ime, data and placa, en	or due to the cause	(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	110			29c. LICENSE NUM	BER	29d. OATE SIGNE	(Mooth, Day, Year)			
2	1 antha Ker	m me					7/	9/94			
	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Typ	pe, Print)	1100	C 1. 2.	0 11	0			
	To fair that the	rh mis, s	586	LOOKS H	11114	Suite #1	Beth	eska MD			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	- Fandall					20814			

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020	physician.	he funeral director, page 5 should be detached for use as the burial-transit permit,
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5	end	35
N	att	Se
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SALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be retained by the hospital or attending physician,	detached f
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MAR	retained	5 should
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ALI	death. F	he funeral
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The County

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	_TO THE MCSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	0	ä	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	He He	
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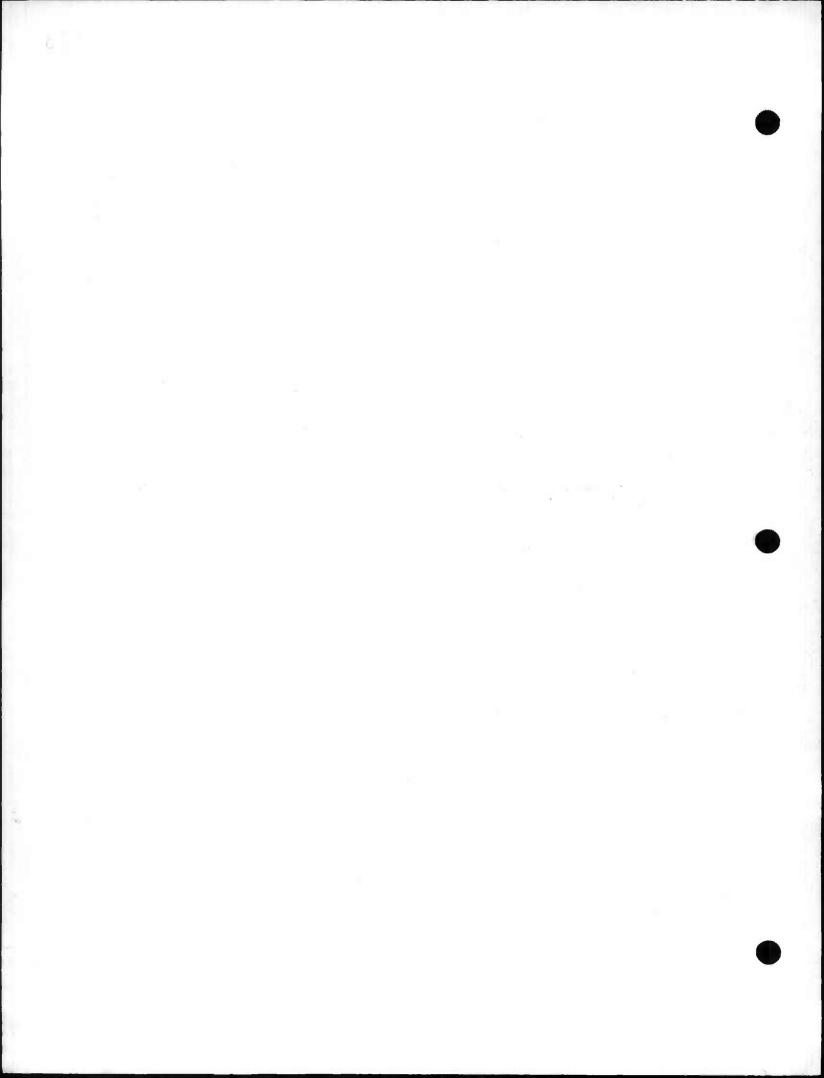
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						OAIL	. 🗸	DLA		HEG. NO.			
ķ	1. DECEDENT'S NAME (First, Micdie, Last) Olga M. Brown									2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 8:00 A.M.			
	4. SOCIAL SECURITY NUMBER	or trace (in ) for the							7. DATE OF BIRTH 8. BIRTHP			PLACE (State or Foreign	
	578-24-6513 1 D M 2 XD F 73						NONTHS DAYS HOURS MIN. Application Day, 168192]					virg	nnia
æ	9e. FACILITY NAME (If not institution, give street and number) 1507 Jutewood Avenue					9b. CITY,		dover	ON OF DE	ATH	9c. COU	NTY OF DE	ath orge's
8	RESIDENCE OF DEC		`									100 00	.or gc 5
DIRECTOR	10e. STATE	10b. COUNTY			10c. CITY,	TOWN O	R LOCAT		ndover	2			10d. INSIDE CITY LIMITS?
	Mary land 100. STREET AND NUMBER		George's										1 X YES 2 NO
FUNERAL	1507 Jutewo		ie				101	. ZIP CODI	2078	35		J.S.A.	HAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. V	MAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
B	1 Never Merried 2 3 Widowed 4 Divo	rced	IF YES, GIVE V					2 NO	Specify	n, Puerto Rican, atc.)		Specify	
E	(Specify only	EDENT'S EDUC y highest grade	completed)	(Gh	CEDENT'S U we kind of wo Do NOT use	ork done o	CUPATIO	ON st of workin	ng	16b. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	12th grade	1-12)	College (1-4 or 5		lousew		- 8			Domest	ic		
BE CO		nk Young								ME (First, Middle, Melden Estelle Dods	ion		
70	Mrs. Erlena	Y. Carte	r (Sister)	196	MAILING /	ADDRESS J. T. EWO	od A	nd Number Venue	or Rural F Land	dover, Maryla	ind 20	0785	
	20a. METHOD OF DISPOSIT  1 & Buriat 2 Cremetic  4 Donation 5 Other	n 3 🗆 Remo	ovat from State	20b. PLACEA CENTROP	ND DATE OF	PPR	Parl	ma of		7/20/94 La	cation — Indove	r, Mar	ryland
	21. SIGNATURE OF FUNERA	L SEPVICE LIC	ENSEE	1.	2					FLHome, Inc.	du sebo.	- D.C	20010
-	23. PART / Enter the d	1000000 07 0	· //N/	10118	LA COM	_				e, N.E. Wash	-		
	shock, or h IMNEDIATE CAUSE (Fir disease or condition resulting in death)	eert fellure.	List only one cer	a Hati									Approximate interval Between Onset and Death
_	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Motastatic Color Cauca with mets  DUE TO (Off AS A CONSEQUENCE OF):  Were and Retraperationium 2 years												
CERTIFICATION	Sequentially list condit if any, isading to imme cause. Enter UNDERLY	diete	DUE TO	(OR AS A CONSEC	UENCE OF)	:		-,00	, ,		. 110		- jewi
IFIC	CAUSE (Disease or injuthat initiated events	Iry 1	DUE TO	(OR AS A CONSEQ	UENCE OF)	*							
CERI	resulting in death) LAS	' L.	l										
	PART II. Other significa	nt condition	a contributing to	death but not re	saulting In	ths un	derlying	cause (	given In	Pert I. 24s. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
EDICAL										1 _ YES 2	X) NO		COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACC	O USE	CONTRIBUT	E TO CAU	SE OF	DEA	TH Y	YES I	1 NC	)   			1 TES 2 XNO
PHYSICIAN:	25. WAS CASE REFERRED T						26. PL			ick only one)			
YSI	1 TES 2 NO		HOSPITAL:	ER/Outpatient 3		OTHER 4 - Nurs		5 XR	eldence	6 Other (Specify)			
	27. MANNER OF DEATN  1XX Natural 5	Pending	28e. OATE OF (Month, D		26b. TIME INJU	OF RY	28c. INJ WO	RK?	3.00	28d. DESCRIBE NOW II	NJURY OCC	CURED	
B	2 Culate	Investigation	26e. PLACE C	F INJURY — At hor	no, farm, st	reet, facto			NO	261, LOCATION (Street a	and Number	or Rural Ro	oute Number
ETEC	4 Homicide	Could not ba determined	building,	etc. (Specify)						City or Town, Stete)			
COMPLETED										to the cause(e) end man time, date and place, en			end manner se stated.
TO BE (	29b. SIGNATURE AND TITLE	en	Hm	_ N	D			29c. LICE	331	182	29d. DAT	BIGNED (	Month, Day, Year) 94
	Saleev A	MAND	, MD,	7227-12			MAI	ver	Pa	n Kway (	140	nbel	-MD20770
	JUL 2 1 199	16ar)	32. REGISTRA	R'S SIGNATURE						,			·
		- 0											OHMH.16 Pey 1/80

. . . . e de la companya de l DIVISION OF VITAL RECORDS, P.O. BOX 68760

		FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		_	H <b>YGIENI</b> REG. NO.	E						
	- 8	1. DECEDENT'S NAME (First, Middle, Last)					_	2. DATE OF DEATH DAY YEAR 3.				н			
	- 6	DANIEL	G.		BEGGA	RLY. Jr.	JULY				:50	Рм			
		4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		8. B	HRTHPLACE country)	(State or For	eign			
P	- 3	217-88-6441	½ M <sup>2</sup> □ F 29	YRS.			April		965 Wa		ton I	OC			
should	œ	9e. FACILITY NAME (If not institution, give at	wet and number)		96. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNTY (	OF DEATH	, , -				
2.	Ē	5700 CHAPMAN M	ILL DRIVE		ROCKV1	LLE			MONTG	OMER	Y				
134	DIRECTOR	10a. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LOCAT	TION					NSIDE CITY				
2		Maryland Prince	Georges	Lau	ırel						IMITS? YES 2 🔲 I	NO			
bermit,	¥.	10e. STREET AND NUMBER				I. ZIP CODE			10g. CITIZEN	OF WHAT C	OUNTRY?				
physician. burial-transit	FUNER	103 Laurel Avenue				0707			IISA						
nrial-t	큔	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		ENDENT OF HISPAI ecify Cuban, Mexico			or No 14, F	RACE — Am Black, White	erican India:	n,			
the pt	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2 NO Specif				Specify:					
as as	유	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KI	ND OF BUS	INESS/INDUSTF	White	9				
20 2	ETE.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo ise retired.)	ist of working									
2 g (	COMPL	12		Gas Com	pany Lin	eman	Was	shinor	ton Gas	Comi	nanu				
	S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					· cm				
ed by uid be	BE	Daniel G. Beggarly  190. INFORMANT'S NAME (Type/Print)	Sr.			Harriet									
retained 5 should notified	2	Harriet Beggarly			G ADDRESS (Street a										
y be	× 1	20s. METHOD OF DISPOSITION	206		Purcell OF DISPOSITION (No.		t Toba		MA 206		4-				
e 6 may ector, pa must b		X ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State ceme	dar Hil	other plece)		1				ma.				
		21. SIGNATURE OF FUNERAL SERVICE LIC		uai IIII		T V ND ADDRESS OF FA	CILITY	LSuit	land,	MD					
	1	Mul. P.m	ushell		Marsha	all's Fu	neral	Home,	Inc.						
		23. PART I. Enter the diseases, or o		the death Do	14308 9	Suitland	Rd S	uitla	nd, MD		Approxima	40			
- 0 D E		shock, or heert feilure.	Liet only Dne ceuse on ee	ch line.		de or dying, sac		o or respir	atory arrest,	- 1	nterval Be Onset and	tween			
within non pletely filled cremation, or		IMMEDIATE CAUSE (Finel disease or condition	CONTACT G	IINSHOT	MOIIND	OF HEA	D				Juset and	Desth			
ted within completely fal, cremati		resulting in death)	DUE TO (OR AS A			OF HEA	<u> </u>								
executed and corr burial, natic ev	Z	Commendation that are abstract C	A							1					
C - =	ERTIFICATION	Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING													
	걸	CAUSE (Disesse or Injury	DUE TO (OR AS A	CONSECUENCE	NE).										
eath certificat attending phy ntal Hygiene p	Ē	that initieted events resulting in deeth) LAST		CONSECUENCE	r).					j					
- 6 5	핑		•												
1 年 2 年	ÄL	PART II. Other significent condition	contributing to death bu	it not resulting	in the underlying	g ceuee given In	Part I. 24	la. WAS AN / PERFORI			AUTOPSY FIN BLE PRIOR T				
1 5 E	EDIC						_   1	X YES 2	□ NO	OF DE	LETION OF CA ATH?	AUSE			
v requires been signi rt. of Heaft	Σ	DID TODACCO LICE	CONTRIBUTE TO	041105 0		V-0 - 111				1 <b>X</b> 3 Y	ES 2 N	0			
law las b Dept.	AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE 10	CAUSE O											
e at a	S	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpa		OTHER:	LACE OF DEATH (Ch		W. Carlo							
ATENDING PHYSICIAN: ECTOR: After this certificals after death with the St 1 28 is marked, or it	PHYSICIAN:	27. MANNER OF DEATH	28a DATE OF INJURY	28b. Till		NO 5 X Residence			JURY OCCURE	D	.:	-			
NG PHYS fter this cath with marked,		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	215	JURY WO	PRK?	self	infl	icted	מווח	shot				
VDING I: After r death	р ВУ	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	- At home, farm,			28f. LOCATIO	ON (Street a	nd Number or Re	ural Route Nu	ımber,				
OR ATTENI DIRECTOR: hours after	TED	4 Homicide determined	animing, att. (Opocin	" ho	me		City or 1	lown, State)	5700 ckv11	chap le,m	man	mil			
S S S S S S S S S S S S S S S S S S S	COMPLET		CIAN: To the best of my knowle	dge, death occur	red at the time, date	and place, and due	to the cause(					$\neg$			
HOSPITAL FUNERAL Within 72 TANT: #	NO.	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigati	on, in my opinion, d	leath occured at the	time, data an	d place, end	due to the cau	use(s) end π	nanner aa sti	nted.			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 th IMPORTANT: IF	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 131			29c. LICENSE NUI		T	29d. DATE SIG						
5 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO B	Wern	- 1/ Chutz	249		O.C.M	.E.		▶ JUL	Y 18	,199	4			
-	F	30. NAME AND ADDRESS OF PERSON WHO				- D = 7	4		(n.m. 7 -	2 2	1201				
0		Dennis Chute			n Stree	et, Bal	CIMOI	e, M	aryıa	ına 2	TZOT				
		31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA	Jana Rand	labe										

DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permitonal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPIT	THE FUNERA	IMPORTANT:
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-th	In the first within 72 hours and obean with the sale begin, or headth and wentar hygene prior to buria, cremandl, or removal.  [MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
s law requires that the death	has been signed by the atte	23 shows any Injury, or
h certificate be executed w	ending physician and comp	or other traumatic eve
within 24 hours after death	pletely filled in by the fund	ent, the medical exan
h. Page 6 may be retai	eral director, page 5 sh	niner must be notil
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ttending physi	e as the burial	

STATE OF MARYLAND / DEPARTMENT OF	HEALTH A	ND MENTAL	HYGIENE
CERTIFICATE O	F DEATH	1	REG. NO.

LECORDY IN MARKET PARK COUNTY  A SOUND A SCREEN FOR A SOUND A	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTA	REG. NO.				
240-54-9498    Total Part   State   St	yvonne			n		2 DATE	of DEATH	94	3. TIME OF DEATH		
No. STREET AND NUMBER  No. THEST AND NUMBER  NO. THEST AND NUMBER	240-54-9498 9e. FACILITY NAME (If not institution, give all	1 M 2 F 5	54 YRS.	9b. CITY, TOWN	HOURS MIN.	Feb DEATH	11,1940	NOT COUNTY OF	th Carolin		
101. 2PC CODE  109. CUTTIS Drive #204  101. 2PC CODE  20746   109. CUTTIS Drive #204  11. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MARTINEL STATUS  12. MAR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	Υ			-	its	FI	ince	10d, INSIDE CITY		
The March Address   12   Was DECORDET BUILDING   178   27   180		e Georges					10g.	CITIZEN OF	1 XES 2 NO		
Septemberg/Secondary (Part)   Solitory on pipholar of an organization on pipholar of an office	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	8 2 X NO	II yes, sp	ENDENT OF HISP/ ecity Cuban, Maxic	an, Puerto I	17 (Specify Yes or No-	ectly Yes or No— 14. RACE — Ameri etc.) 14. RACE — Ameri Black, Whits, e Specify:			
T. FATHER'S NAME (First, Middle, Late)   N. MOTHER'S NAME (First, Middle, Maddle, Summan)	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of we life. Do NOT use	ork done during ma retired.)	ON ist of working						
196. MENDOR DO POSISORITION  Denise Brown  396 Curtis Drive #204 Hillcrest Hts. MD 20746  399. MENDOR OF DISPOSITION  1(XPURIA) 2   Cremation 3   Removel from State  4   Donation 3   Other (Specify)   Date	17. FATHER'S NAME (First, Middle, Last)							•)			
26b. PLACE AND DATE OF DISPOSITION   Towns of   Towns	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
22. NAME AND ADDRESS OF FACILITY  Marshall's Funeral Home, Inc.  4308 Suitland Rd. Suitland, MD 20746  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such see cardiec or respiratory errest, interval Beth Check, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition)  Requirities in death)  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  DUE TO (OR AS A CONSEQUENCE OP):  A.  DUE TO (OR AS A CONSEQUE	20a. METHOD OF DISPOSITION 1   Remote the control of the control o		— City or 1	own, State							
23. PART I. Enter the diseases, or complections that caused the dasth. Do not enter the mode of dying, such ex cardisc or respiratory errest, shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock, or heart fallure. List only one cause on asch lins.  Approximate shock or shock or shock of shock or shock of shock or shock of shock or shock or shock or shock of shock or shock or shock or shock or shock or shock of shock or shock	21. SIGNATURE OF FUNERAL SERVICE LIC		WINSIOW	Marsh	nd adoress of F	willty unera	1 Home, ]	Inc.			
PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART III. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PERFORMED?  1	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Pight fuest Came with ruta lases  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
25. WAS CASE REPERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 ENOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNING F DEATH  1 Neturel 5 Pending Investigation 2 Accident 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF DEATH (Check only one)  4 Nursing Home 5 Residence 6 Other (Specify)  28. PLACE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF INJURY AT WORK?	that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d										
27. MANNING F DEATH  1 Netures 5 Pending Investigation 3 DOA 28b. DATE OF INJURY M 28b. TIME OF INJURY M 28b. TIME OF INJURY M 28c. INJURY M 28c. INJURY AT WORK?  3 Suicide 8 Could not be determined 28c. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SYNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)					LACE OF DEATH (C	Check only or	10)		1 TES 2 NO		
Natural   S   Pending   Investigation   S   Could not be determined   S   PLACE OF INJURY — At home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, Stere)   Certural Route Number, Stere)   Certural Route Number or Rural Route Number, Stere)   Certural Route Number or Rural Route Number, City or Town, Stere)   Certural Route Number, Stere,	1 YES 2 NO	1   Inpatient 2   ER/Ou	itpatient 3 DOA	4 - Nursing Hor		1					
3 Suicide 4 Homicide 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29s. SIGNATURE AND TITLE OF DENTIFIED  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	1 Natural 5 Pending	(Month, Day, Year)	INJU	M 1	YES 2 NO						
(Check only 1   CERDIFFING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner as stated.  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the filme, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF DETITIFIED  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)		288. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  281. LOCATION (Street and Number or Rura building, etc. (Specify)									
Augusto / Coduque MM D21230 2/4/19, 1994	(Check only one) 2 MEDICAL EXAMINE				leath occured at th	ne 1ime, deta	and place, and due 1	o the cause			
	Hugusto X to	odrigues	DEATH (ITEM 27) (Type,	pmp)	AZIZ	30	₹.	4/1	9,1994		

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

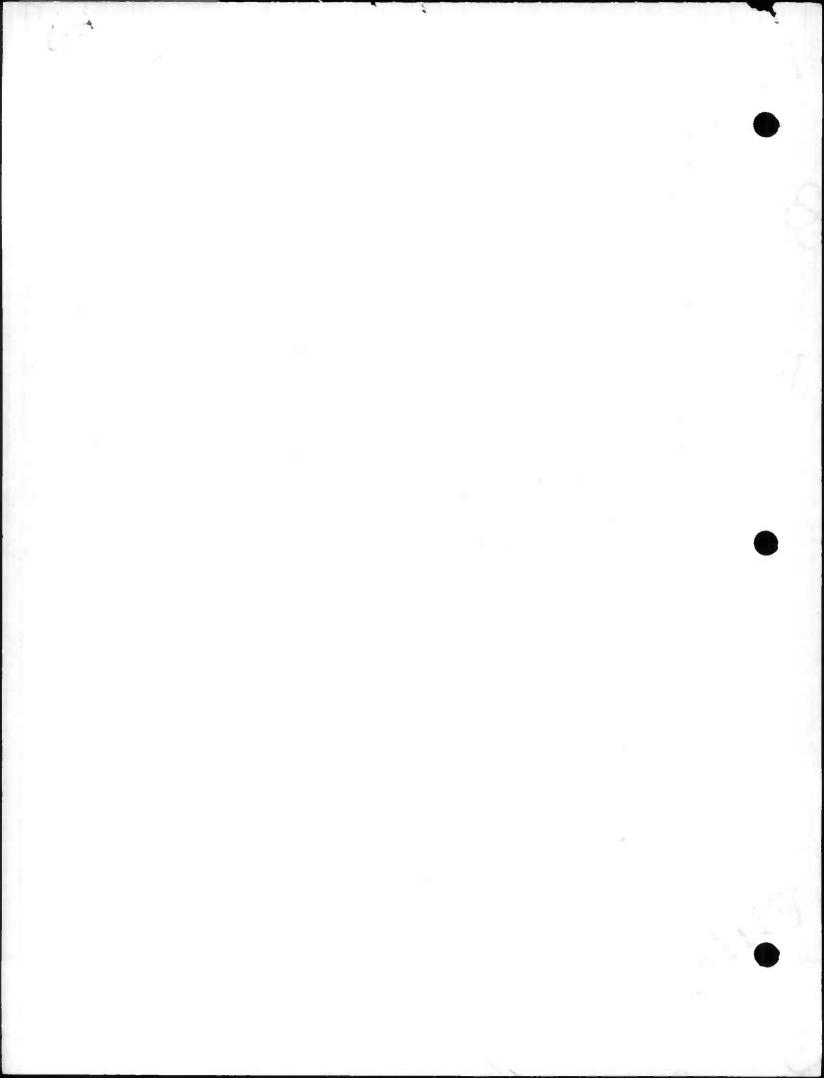
	REGISTRAR		CERTIFIC	ATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF OEATH		
	EMMA G BA	R R				MONTH	/ 2	94	5155am		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIR	THPLACE (State or Foreign		
1	577-01-1797	1 M 2 F	85 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, E	17/0°	3 Ma	ryland		
	9e. FACILITY NAME (If not institution, give a	street end number) FO X		. CITY, TOW	OR LOCATION OF DI			c. COUNTY OF			
TOR	Rehab and Murfir RESIDENCE OF DECEDENT	g center 2015		Silver	Spring	MI	2 /	HONTE	DOMERY		
DIRECTOR	100. STATE 10b. COUNT Maryland	alvert	10c. CITY, T	own on Local kirk	ATION				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			7	01. ZIP CODE		Τ,	IO. CITIZEN OF	1 ☐ YES 2 🎇 NO		
FUNERAL	11211 Oakwood Dr				20754	1		4.5			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 (NO	II yes,	ECENOENT OF HISPAI specify Cuben, Mexica IS 2 NO Specifi	in, Puerto Ric		CE — American Indian, ick, White, etc. icity:			
-	(Specify only highest grade	completed)	(Give kind of work ille. Do NOT use re	done during i	nost of working	16b. K	IND OF BUSIN	ESS/INOUSTRY			
COMPLETED	Elementary/Secondary (0-12) 6th	College (1-4 or 5+)	Assign				C&P Te	elephon	е		
ō	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA			mame)			
BE	Bowman F. Farr				Mary		known)				
2	190. INFORMANT'S NAME (Type/Print) Frederick C. Barr	•	196. MAILING AD	ORESS (Street)	end Number or Rural and Dr. Dur	Abute Number,	Md 20	754 (State, Zip Code)			
	20a. METHOD OF DISPOSITION 1   Burlel 2 A Cremation 3   Removal from State 4   Donation 5   Other (Specify)										
į	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE C							me, Inc 6633		
	Joseph //	ash set	>			-			on, Md 20735		
	23. PART 1. Enter the diseasea, or ahock, or haert fallure.	complications that ceuse List only one cause on	ed the death. Do not sech line.	enter the n	node of dylng, auc	h as cardia	c or reapirat	tory arrest,	Approximata interval Between Onset and Death		
		LUNG	CANCE	ER					6 MONOT		
		DUE TO (OR AS	A CONSEQUENCE OF):								
CERTIFICATION	Sequentielly list conditions,	b. OUE TO (OR AS	A CONSEQUENCE OF):								
4	if any, leading to immediate cause. Entar UNDERLYING								į		
=	CAUSE (Disease or injury that initiated events	OUE TO JOR AS	A CONSEQUENCE OF):								
Ŧ	resulting in death) LAST	d									
	PART II ON II III A III						-				
3	PART il. Other algnificent condition	s contributing to deeth	but not reaulting in t	he undarly	ng cause given in	Part I. 2	4a. WAS AN AU PERFORME		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
5 II						_   1	☐ YES 2 ☐	NO	COMPLETION OF CAUSE OF DEATH?		
ME	·					_			1 TES 2 NO		
Ž											
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	THER:	PLACE OF DEATH (Ch						
2	1 YES 2 NO	1   Inpatient 2   ER/Ou	Ipatient 3 DOA 4	Nursing He	me 5 🗆 Residenca		7 77				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O		NJURY AT WORK? YES 2 NO	28d. OESCF	JUNI WOH BBIR	URY OCCUREO			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — Al home, ferm, stre	ol, factory, of	lice			Number or Rura	I Route Number,		
4 Homicide determined City or Town, State)											
ž 1	29e. CERTIFIER (Check only	ICIAN: To the best of my kno	wiedge, death occurred a	t the time, de	te end place, and due	to the cause	(e) and manne	r ee atated.			
COMPLE	onel	ER: On the basis of examinati							e(s) end manner as stated.		
n n	11/10/1/19	JX h	up		DAIL	170	l î	12	1114 1094		
2 ∥	30. NAME AND ADDRESS OF PERSON WH	COMPLETED DAUSE OF D	EATH (ITEM 27) (Type, Pri	nt)	IVUII				00/1/1/		
	WACTER E. GOO.	2H MP 83	09 SHORET	FIEZI	POAD .	WHE	ATON	MD	20902		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Udson-Randal	2							
	JUL 1 9 199	14 Juna vou	OLKOOL Marie	_							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician in the FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



use as the burial-transit per urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

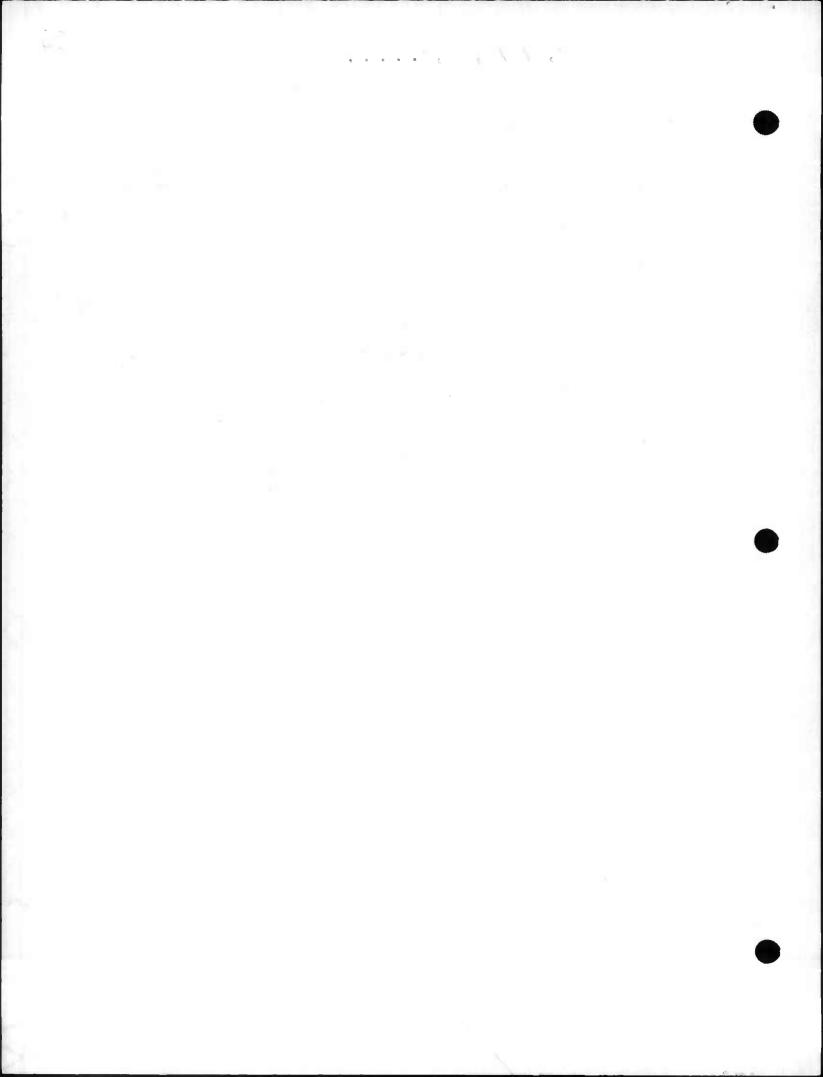
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	ation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFI	CATE OF	DEATH	REG. NO						
- 6	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN			3. TIME OF DEATN			
- 7	ROSEMARY	Κ.	В	ROOK	<s .<="" td=""><td></td><td>7/15/94</td><td>AY</td><td>YEAR</td><td>5.49PM M</td></s>		7/15/94	AY	YEAR	5.49PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi	irthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTIN		8. BIRTH	VPLACE (State or Foreign			
- 1	578-32-8351	1 🗆 M 2 💢 F	69	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Pay Year) July 31, 1	924	Sout	ch Carolina			
DIRECTOR	98. FACILITY NAME (If not institution, give st Prince George's RESIDENCE OF DECEDENT		Center		Cheve	erly	EATH		nty of D	George's			
Ĭ	10a. STATE 10b. COUNTY		1	10c. CITY,	TOWN OR LOCAT	ION				10d, INSIDE CITY			
		e George	strict I				LIMITS? 1 X YES 2 NO						
FUNERAL	6806 Elmhurst St	treet 20747 U.S						U.S.	A.				
B	11. MARITAL STATUS  1 Nove Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 1   IF YES, GIVE WI	EVER IN U.S. ARME YES 2/1/NO AR OR DATES	D	13. WAS DECI If yes, spe 1 YES	cify Cuben, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) /:	s or No—	E — American Indian, k, White, atc. White				
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEI	DENT'S L	SUAL OCCUPATIO	N of working	18b. KIND OF BU	SINESS/IND	USTRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use	rederal Government								
M P		2	Se	cret	tary		Naval H	Resea	rch	Lab			
8	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden						
BE	Daniel J. Keatin	g					Cecelia Hur						
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 6806 Elmhurst St. District Heights, Md.20745										
	Edward J. Brooks												
	20b. PLACE AND DATE OF DISPOSITION   0 ATE   20c. LOCATION — City or Tow   20b. PLACE AND DATE OF DISPOSITION (Name of   0 ATE   20c. LOCATION — City or Tow   20b. PLACE AND DATE of DISPOSITION (Name of   0 ATE   20c. LOCATION — City or Tow   20b. PLACE AND DATE of DISPOSITION (Name of   0 ATE   20c. LOCATION — City or Tow   20b. PLACE AND DATE of DISPOSITION (Name of   0 ATE   20c. LOCATION — City or Tow   20b. PLACE AND DATE of DISPOSITION (Name of   0 ATE   20c. LOCATION — City or Tow   20c. LOCATION — City												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home												
	· neveral &	alex	)				las runeral			ld.20745			
	23. PART I. Enter the diseases, or cahock or heart failure. I	omplications that	caused the deeth	h. Do no	ot enter the mod	de of dying, suc	h as cardlec or respi	iratory arr	reat,	Approximate			
	IMMEDIATE CAUSE (Final				_					Interval Between Onset and Death			
	disease or condition resulting in death)  a.   ARDIOGENIC SHOCK  DAYS  DUE TO (OR AS A CONSCOUENCE OF):												
NOI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
ICAT	CAUSE (Disease or Injury C.												
CERTIFICATION	that initiated events resulting in death) LAST		ARY ART			T ALA	d Avenc	STE	7)00	VEROS			
	PART II. Other algnificent conditions									7			
DICAL			20011 501 (101 101)	orang in	t the underlying	Couse given in	PERFOR	RMED?	240	AWAILABLE PRIOR TO COMPLETION OF CAUSE			
ш							1 YES 2	M. NO		OF DEATH?			
M	DID TOBACCO USE	CONTRIBUTE	TO CAUSE	E OF	DEATH Y	ES TI NO				1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL					ACE OF DEATH (Ch							
Sic	EXAMINER?  1  YES 2  NO	HOSPITAL:	ER/Outpetient 3		OTHER:								
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF	NJURY 2	8b. TIME			6 ☐ Other (Specify)  28d. DESCRIBE HOW I	NJURY OCC	CUBED				
ВУ Р	1 Matural 5 Pending	(Month, Da	y, Year)	INJU		RK? 'ES 2 NO			0011120				
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building, e	INJURY — Al home, itc. (Specify)	, form, at	reet, factory, office		281. LOCATION (Street of City or Town, State)	and Number	or Rural I	Route Number,			
Ē	29a. CERTIFIER 1 CERTIFYING PHYSIC	an state of the						1111111					
COMPLET	(Check only one)  2 MEDICAL EXAMINE						to the cause(s) and mar time, date and place, an			i) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			1.5	\ \	29c LICENSE NUI	WBER	29d. DATI	E SIONED	(Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF OEATN (ITEM 2	7) (Type, 1		D X	20+		7-1	6-94			
	Tamas M	ilitan	V. C	MI)		610 (ARI	ROLL AVE	<u> </u>	4 410	0			
	31. DATE FILED JUL DAY 188 1994	32. REGISTRAF	COULDON-	fande	82								
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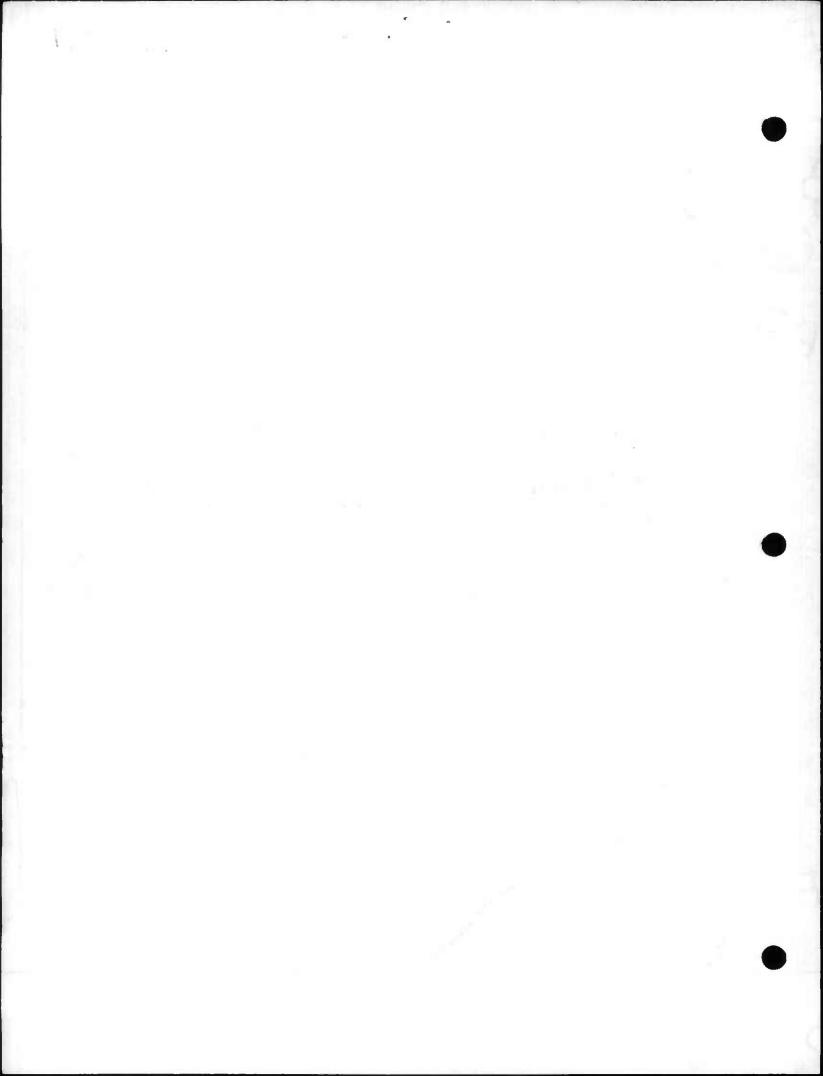


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		4. SOCIAL SECURITY NUMB	ER	5. SEX
		579-28-8935		1 🗆 M 2
pinor	3	9s. FACILITY NAME (If not in:	stitution, give s	treet and num
2, 3 should	5	124 Shawnee	Lane	
7, 2	15	RESIDENCE OF DEC	EDENT	
See		10a. STATE	10b. COUNT	-
permit. Pages 1,	FUNERAL DIRECTOR	Maryland	Char	·les
	1AL	104. STREET AND NUMBER		
020 y physician. borial-transit	Ë	124 Shawnee	Lane	
20 Sich	5	11. MARITAL STATUS	21552	12. WAS DE FORCES
ing phi	ВУ	1 Never Married 2 3 Nover Married 2 Divor	Married	IF YES,
endin as th	9			1
r atte		(Specify only	EDENT'S EDU highest grade	
L RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 is requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician is been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bririal-triple por. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO BE COMPLETED	Elementary/Secondary (0- 12	-12)	College (1-
hosp tache	M.	17. FATHER'S NAME (First, Mi	idella ( ant)	- 0
y the	8		Swain	
MARY stained b should t	8	Robert Lee		
BALTIMORE, MARYLAN  to be executed within 24 hours after death. Page 6 may be retained by the hos sician and completely filled in by the funeral director, page 5 should be detach  prior to burial, cremation, or removal.  traumatic event, the medical examiner must be notified at once.	일		ollins	. III
ALTIMORE, seath. Page 6 may be funeral director, page xaminer must be a		20a. METHOD OF DISPOSITE		9 111
6 me stor, stor,		1 Buriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	ovel from St
Age dire		21. SIGNATURE OF FUNERAL		CENSEE )
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BA for death for the full fail.		Mark G.	Broha	wn
s after by the removed offices		23. PART I. Enter the dishock, or he		
AL RECORDS, P.O. BOX 68760,  B. Iaw requires that the death certificate be executed within 24 hours after or has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical experiences.		IMMEDIATE CAUSE (Fin		Ciec Only O
ely fi		disease or condition resulting in death)	<b>→</b>	. (
AL RECORDS, P.O. BOX 68760, be law requires that the death certificate be executed within has been signed by the attending physician and completel to bert. of Health and Mental Hygiene prior to burial, crem: n. 23 shows any injury, or other traumatic event,		reading in dealing		
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O. El entifical ing phy rgiene i	Ē	CAUSE (Disease or injust that initiated events	γ ]	
P.C th cer if Hygi	E	resulting in death) LAST		d
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of the land of the	AL	PART II. Other significan	nt condition	s contribut
any any	음			
RECORDS, I requires that the deat been signed by the attice of Health and Mental shows any injury,	AN: MEDICAL CERTIFICATION			
L R law re as been bept. o	ż			
AL he la	X	25. WAS CASE REFERRED TO	MEDICAL	
VITAN: The	Sic	EXAMINER?		1 Inpetie
SICU Cert h the	PHYSICI	27. MANNER OF DEATH		28e. D
O H SH	7		Pending nvestigation	(A
O POING Office of the state of	8	2 Culate		28e. P
DIVISION OF VITA E HOSPITAL OR ATTENDING PHYSICIAN: The IE FUNERAL DIRECTOR: After this certificate he d within 72 hours after death with the State D HTANT: If Nem 28 is marked, or Nem:	COMPLETED BY		Could not be letermined	b
OR A DIREC OURS	9	29a. CERTIFIER	EVINO TOPO	O(A)(. =
E SAL C	A P	(Check only	FYING PHYSI	
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4 5 5 5	_	296. SIGNATURE AND TITLE	OF CERTIFIE	9

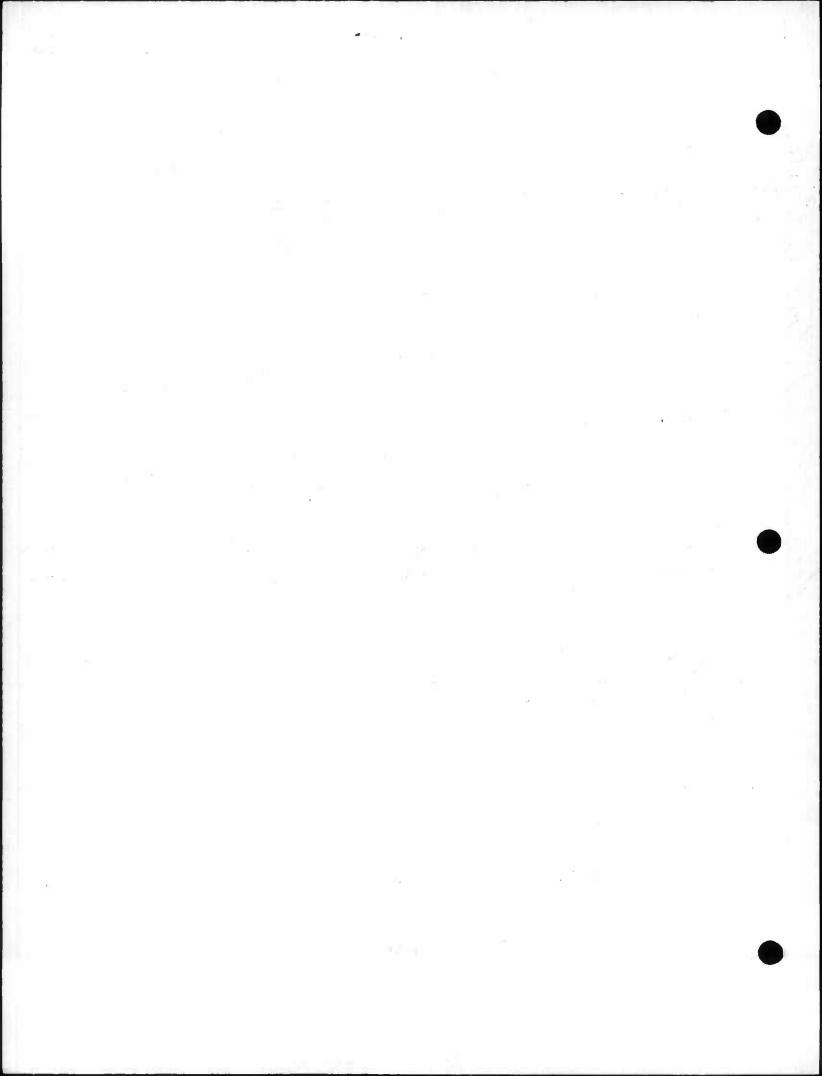
STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGII	ENE
		CI	FRTIFICATE	0	E DEAT	ГН		250	10

	FOR STATE REGISTRAR		STATE OF I	MARYLA		DEPART					MENT/	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Mid	ddle, Last)										E OF DEATH			3. TIME OF OEATH	
	Veleria	Co	zette Co		_						Jul		994	YEAR	10:15 AM •	
	4. SOCIAL SECURITY NUMBER 579-28-8935		5. SEX	6. AGE (In			IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mor	th, Day, Year)		Countr		
	9a. FACILITY NAME (If not institute	ition also str	7.	67		YHS.	ar CITY	TOWN C	R LOCATI	ON OF B	May	11, 19	_	Vir	ginia	
	124 Shawnee L	-	out and numbery					a 1 do		ON OF D	EATH		77 11 2		EATH	
	RESIDENCE OF DECED	DENT b. COUNTY											Charles			
		Char				10c. CITY	aldo		ION				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	Onai	103			MC	u i do	_	ZIP COD	E	_		1 ☐ YES 2 🖺 NO			
	124 Shawnee L	ane							206	01			United States			
	11. MARITAL STATUS 1 Never Married 2 Man		12. WAS DECEDEN				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — An Black, White							E — American Indian, k, White, atc.		
	3)(X) Wildowed 4 □ Divorced		IF YES, GIVE Y	WAR OR DAT	ES		1 TES 2 X NO Specify:							Speci Whi	lly:	
	15. DECEDE: (Specify only high	NT'S EDUC	CATION	1	16a. DEC	EDENT'S L	S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						LE			
	Elementary/Secondary (0-12)		College (1-4 or 5					Juring ma	ST OF WHOTER	**************************************						
	12 17. FATHER'S NAME (First, Middle	. ( == 1)	0		Hous	sewi	te					Own Hor				
	Robert Lee Sw								-			Middle, Meiden Lynch		on		
1	19a. INFORMANT'S NAME (Type/F				19b.	MAILING	ADDRESS	(Street s				nber, City or Tow				
	Joseph P. Col				111	7 <u>5</u> 2 7	Tiff	in C	ourt	, Wa	aldo	rf, Mar	rylan	d 20	601	
20s. METHOD ODISPOSITION  1   Burliel 2/M Cremation 3   Removed from State  20b. PLACE AND DATE OF DISPOSITION /Name of DATE  20c. LOCATION City or Town, State																
21. SIGNATURE OF THE PRINCE LICENSEE    Signature of The Punct Crematory of Other place)   Cemetery Crematory of Other place)   July 21, 1994   Waldorf, Maryland											yland					
ĺ	Jan 4	120	Halle	V			TH	EHÜ	NTT	FUNE	RAL	HOME,	INC.			
4	Mark G. B			00053		th Do no						ORF, MA			20604	
	shock, or heart	t fallure. L	ist only one cau	ise on eac	h lina.	ui. Do in	ot anten	the mo	ua oi dy	ing, suc	ii as ca	ruiac or respi	ratory an	eat,	Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		CAR	P	11/	MA	114	116							YEARS	
İ	resulting in death)	ē	DUE TO	(OR AS A C	ONSEGL	JENCE OF	):	h			/	Λ			1101ACS	
	Sequentially list conditions		CHRO	NIC	- C	DSS.	TRI	107	IV	EX	-11	ug D	ISE	ASE	- YEARS	
	if any, leading to immediate cause. Enter UNDERLYING		006 10	(OH AS A C	ONSEGL	JENCE OF	):									
	CAUSE (Disease or injury that initiated events	1 °	DUE TO	(OR AS A C	ONSEQU	JENCE OF	):									
	resulting in death) LAST		l													
	PART II. Other significant of	conditions	contributing to	death but	t not re	sulting ir	the un	derlying	cause	given in	Part I.	24a, WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS	
							0.					PERFOR	X1 NO	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
															OF DEATH?	
1	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	EDICAL	HOSPITAL:	l earn			OTHER	t:	ACE OF D							
1	27. MANNER OF DEATH		28e. DATE OF	INJURY		28b. TIME	OF	28c. INJ	URY AT	esidence		er (Specify) SCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Penc 2 Accident Inves	ding stigation	(Month, E	lay, Year)		INJU	M		RK? 'ES 2 [	NO						
į.	3 Suicide 6 Coul		28e. PLACE C building,	F INJURY -	At hom	e, ferm, st	reet, fact	ory, office	,		261. LO	CATION (Street :	and Number	or Flural F	loute Number,	
	4   nomicide determined															
	29e. CERTIFIER (Check only one)  One)  One  One  One  One  One  One															
	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.															
	296. SIGNATURE AND TITLE OF	CERTIFIER	1						29c. UC	O Q	MBER.		29d, DAT	SIGNEO	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PER	RS ON WHO	COMPLETED CAU	SE OF DEAT	H (ITEM	27) (Ђуре,	Print)		12/	0.70	00	-	/	1/2	177	
		J														
1	31. DATE FILED (Month, Day, Year)	199	4 Jacobsta	ARIS SIGNAT	OF R	voleth										



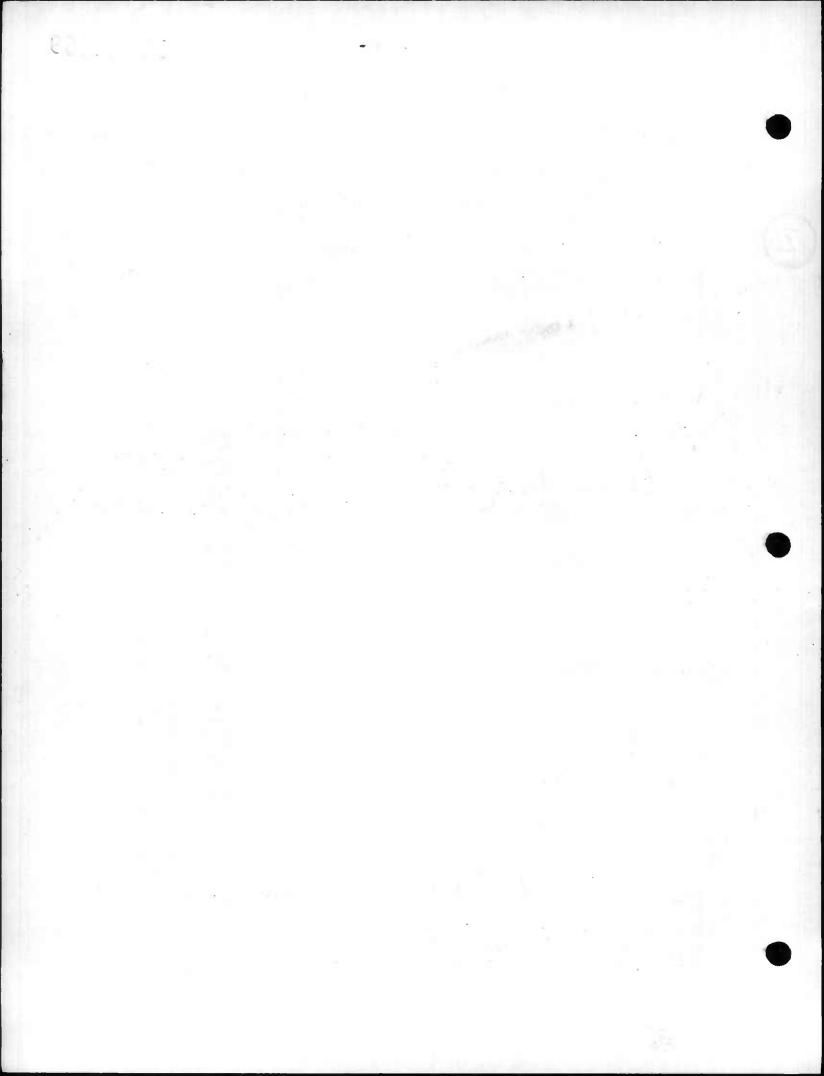
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEP/ CERTI	RTMENT	T OF HE	ALTH AND DEATH	MENT	AL HYGIE						
	1. DECEDENT'S HAME (First, Middle, Last)	Harold D					2. DAT	E OF DEATH	7-10	-94 YEAR 44	3. TIME OF DEATH	м		
	4. SOCIAL SECURITY HUMBER	5. SEX 6. A	GE (In yrs. last birthda			IF UNDER 24 HRS.	7. DAT	E OF BIRTH	0	8. BIRTH	IPLACE (State or Forei	ign		
	217-36-3600	1 💢 M 2 🗆 F	73 YRS	MONTHS	DAYS F	IOURS MIN.		nth, Dey, Year)	1921	Mary	yland			
~	9a. FACILITY HAME (If not institution, give			9b. CITY	, TOWN OR	LOCATION OF			EATH					
PO	Union Hospital o	f Cecil Cou	nty	Ell	kton			Cecil						
温	10a. STATE 10b. COUHT	Υ	10c. (	HTY, TOWN (	OR LOCATIO	н					10d. IHSIDE CITY	=		
PIH	Maryland Ceci	1	R	ising	Sun						LIMITS?	, ]		
AL	10s. STREET AHD NUMBER					IP CODE			10g. CI1	IZEN OF V	F WHAT COUNTRY?			
ER	430 Telegraph Ro	ad			2.	1911			υ.					
FUNERAL DIRECTOR	II. MARITAL STATUS	R IN U.S. ARMED			DENT OF HISP/ fy Cuben, Maxic			CE - American Indian, ack, White, atc.						
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	R DATES			NO Spec		o rircan, arc.)	White	- 1					
	15. DECEDENT'S EDU	16a. DECEDENT	'e liellal o	CCURATION			Sb. KIHD OF B	HOMEDO (III)	DUGTON	wiiice	$\dashv$			
E	(Specify only highest gradi Elementary/Secondary (0-12)	(Give kind	of work done use retired.)		of working	ľ	SO, KIND OF B	USINESS/IN	DOSTRY		- 1			
1PL	12	Farme:	r			1	Agricu.	lture						
COMPLETED	17. FATHER'S HAME (First, Middle, Last)				8. MOTHER'S N									
BE (	Harold W.	Coale		Reba Tho							le			
10	19a. INFORMAHT'S HAME (Type/Print)					Number or Rura								
	Barbara R. Coale					Road -	- Ris	sing S	un, M	D 2.	1911			
	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremellon 3 Ren	novel from State	20b. PLACE AHD DAT cemetery, cramatory of	r other place!			7-	-141	OCATIOH -					
	4 Donalion 5 Other (Specify)  21. SIGHATURE OF FUNERAL SERVICE LI	CEHSEE	R.A. Fer	ris &	COmpa	any, Ir	ACH ITY	94 We	st Ch	este	r, PA	_		
	Dones	& His	b	1	103 W	ADDRESS OF E Home i	ockto	on Str	eet	eet				
CATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line.  Approximate interval Betw Onset and D Due to (or as a consciuence or):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (or as a consciuence or):									ween				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d	AS A COHSEQUENCE											
PHYSICIAN: MEDICAL	PART in other significant condition	ne contributing to death	th but not resulting	g in the ur	nderlying o	cause given l	n Part I.	PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEATH (C	check only	one)						
YSI	YES 2 NO	HOSPITAL:	Outpatient 3 🗆 DOA	4 Nur		5 🗆 Residence	8 🗆 Ot	her (Specify)						
F	27. MANNER OF DEATH  Netural 5 Pending	28a. DATE OF IHJUR (Month, Day, Yea		IME OF	28c. INJUR WORK	?	26d. D	ESCRIBE HOW	HJURY OC	CURED				
B	2 Accident Investigation	28. BLACE OF IN	IIIIV AA barra farra	М		3 2 NO	1					_		
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S	URY — At home, fam Specify)	i, atreet, raci	тогу, опіса			CATION (Streety or Town, State		r or Rural F	Route Number,			
COMPLETED		SICIAN: To the best of my kr									i) and manner as state	od.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	3	7 ,		2	9c. LICENSE NO	UMBER	7	29d. DA	TE SIGNED	(Month, Day, Year)	$\dashv$		
10	78 -	Y-72		2	/	1)460	038		3	7/	074			
	30. NAME AND ADDRESS OF PERSON WITH THE COMMENT OF	12. REGISTRAR'S S	no, Uni	sn/h	spita	1, Bo	ws	F, E	Kto	u,	MD			
	JUL 1 4 'Q1	Lilia The	idan Bende	02.										
		0									DHMH-16 R	lev 1/89		



מאבווווסער, וואחו באווס	vithin	oletely filled in by the funeral director, page 5 should be detached remation, or removal.	ent, the medical examiner must be notified at once.	
	wecuted v	and comp	natic ev	
ביים אים יים ביים הביים היים היים היים היים הי	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT OF			MENTAL	L HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) Charles Larry Cat	nnon						MONTH	of DEATH	994	YEAR	3. TIME OF DEATH 1:50 a M
	4. SOCIAL SECURITY NUMBER 222-24-8556	5. SEX 1  M 2  F	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER	MIN.	7. DATE (Month	OF BIRTH 1, Day, Year) 26,194		Countr	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (# not institution, give st	,	2.0. Box	106	9b. CITY, TOWN	Mill		EATH			Cil	EATH
DIREC	106. STATE 10b. COUNTY Maryland Ceci				ry, town or loc	ATION			1			10d. INSIDE CITY LIMITS? 1 YES 2XX ND
ERAL	10e. STREET AND NUMBER P. O. Box 106, 15		n Church	101. ZIP CODE 11 Road 21920						.S.A	VNAT COUNTRY?	
TO BE COMPLETED BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DI	OF HISPAI	in, Pusito F				- American Indian, k, White, atc.	
APLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12 Salesman Retail Sales											
3E.COM	17. FATHER'S NAME (First, Middle, Last) Wilford Cannon					Pa	ulin	e Fa				
TO	198. INFORMANT'S NAME (Type/Print) Pauline Cannon				Cedar A							
	20a. METHOD OF DISPOSITION  1		20b. PLACE	OF DISPO	ok Ceme	emetery, crar		20c. LOCATION - City or Town, State Wilmington, DE				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Mealey Funeral Homes											
	Charles F. Mealey Jr.  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cardiec or respiratory erreat, enock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Between Onset and Death  Lung Cancer  Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d											
MEDICAL	PART II. Other eignificent condition	e contributing to	esulting	In the underly	ng ceuse	given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO			246	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	26. OTHER: 4 \sum Nursing He	PLACE OF E						
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF (Month, D		28b. Till IN	NE OF 28c. I	NJURY AT VORK? YES 2 [		_	CRIBE HOW	INJURY O	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 29e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 29e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 286l. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	296. CERTIFIER (Check only one) 1 X CERTIFYING PHYSI											s) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Pate	0		DOC	MBER 9	9905 > 7 189 Y					
	30. NAME AND ADDRESS OF ARRSON WND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  V Patol M.D. 4745 Ogletown Stanton Road, Newark, DF 19713  31. DATE FILED (Month, Day, Year)  32. REDISTRAR'S SIGNATURE  June Davidson—Mendelle											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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funeral (	s after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	1.90 to marginal or them 23 absence near interest on others described about the marginal arrangement to the second
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEALTH AND	MENTA	AL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH		3.1	TIME OF DE	ATH		
		zabeth Saly	ers Coop	er		Ju		199	4 3	:20	A. w		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	E OF BIRTH	0.	Country)	CE (State or			
	217-14-3769		78 YRS.		25-4		. 24,19		Ker	ntucky	/		
œ	9a. FACILITY NAME (If not Institution, give a 1721 West Old Ph	,			OR LOCATION OF			9c. COUNTY					
DIRECTOR	RESIDENCE OF DECEDENT	Traderbura vo	bad		harlesto	own			Cec	:11			
REC	10a. STATE 10b. COUNT		10c. CITY	Y, TOWN OR LOCAT					10d	. INSIDE CIT	ΓY		
ā	Maryland	Cecil		_ C	harlesto	own			1 1	LIMITS?	NO		
₹.	10e. STREET AND NUMBER			10'	I. ZIP CODE		_	10g. CITIZEN	N OF WHAT	COUNTRY?			
FUNERAL	1721 West Old Ph	-			21914			U.S.A.					
E	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER I	2X XNO	13. WAS DEC	ANIC ORIGI	N? (Specify Yes	or No- 14	RACE - /	RACE — American Indian, Black, White, alc.				
В	XX Widowed 4 Divorced	IF YES, GIVE WAR OR D			NO Spec		Thems, acc.,		Specify:				
	15. DECEDENT'S EDU	UCATION	16a. DECEDENT'S L	USUAL OCCUPATION	ON	160	KIND OF BU	einess/indus		White	5		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	fe completed)  Coffege (1-4 or 5 +)	'S USUAL OCCUPATION of work done during most of working use retired.'  16b. KIND OF BUSINESS/INDUSTRY										
APL	Eight Years		H	Iomemake	r								
Ö	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	NAME (First,	Middle, Maiden	Sumame)					
BE (	Elbert Saly	ers					i Oliv						
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a	and Number or Rura	al Route Num	ber, City or Tow	n, State, Zip Co	ide)				
-	Barbara O. Payne	:	1/21 W	est Old	Philade	∍lphia				•	21914		
	20a METHOD OF DISPOSITION XIX Burlel 2 Cremetton 3 Rem		b. PLACE AND DATE Of					CATION — City					
	4 Donation 5 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LIG		Charles to		-	7/19/9	94 Char	rlesto	wn,Ma	rylar	nd		
	22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland												
	Chomas III	tatters	au Sc.	Perr	yville,	Mary.	land						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Final			$\cap$ )					!	Onset an			
	disease or condition resulting in death)	. Carcino	ma' 0-	7 10	Ng								
		DUE TO (OR AS A	A CONSEQUENCE OF	):	0								
ON	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		1 CONSECULIATE S. ,	jî.					]				
트	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE OF)	):					-				
E	resulting in death) LAST	d.											
	DADT II Other significant condition		The second second										
₹ I	PART ii. Other aignificant condition	18 contributing to deetn a	JUt not reautting in	the underlying	g ceuse givan ir	n Part I.	24a. WAS AN PERFOR		AWAI	LABLE PRIOF	R TO		
Ŏ							1 ☐ YES 2	XXNO		IPLETION OF DEATH?	CAUSE		
Σ									1 🗆	YES 2 [	NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			20.00	TOTAL DEATH OF		Ļ						
N C	EXAMINER?	HOSPITAL:	W 2 [] DO4	OTHER:	ACE OF DEATH (C								
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b. TIME	4 Nursing Home		1	F (Specify)	HINDA OCCIN	NED.				
	1 Natural 5 Pending	(Month, Day, Year)	INJU	URY WO	PRK?	200	JOHIDE HOTT	NONY OCCU.	EU				
B√	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At home, farm, at			281. LOC	CATION (Street a	and Number or I	Rural Route	Number,			
TEL	4 Homicide determined	building, etc. (Spec	cify)			City	or Town, State)		Pleasure	7 4 60 1 1 1 1 1 1 1 1 1			
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	BICIAN: To the best of my know	riedge, death occurrer	d at the time, date	and place, and du	to the car	a(a) and mer						
MIC	one) 2 MEDICAL EXAMINE	ER: On the basis of examination	n and/or investigation	, in my opinion, d	eath occured at th	in time, date	and place, an	d dua to the cr	euse(a) and	manner sa	mated,		
	29b. SIGNATURE AND TITUE OF CERTIFIER		<del>)                                    </del>		29c. LICENSE NU								
8	1094	sh. A. V	alel		111000	A A	29d. DATE SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PER OF WH	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	-10000	170		/	11-	17			
	Yogish Patel, M.D., 111 High Street, Elkton, Maryland 21921												
	31. DATE FILED (Month, Boy, Your) June Sund Sund Sund Sund Sund Son Annual Company Sund Sund Sund Sund Sund Sund Sund Sund												

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he filled within 72 hours after death with the State Detri. of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR		-	CERTIF	ICAII	E OF	JEAI	н		EG. NO.				
-8	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF I	DAY	10	94	3. TIME OF C	
	Yon Yi Choe	5. SEX	6. AGE (In yrs.	forms foliable about	IF UNDER	- uman T			July	18	19		8:40	
		1 M 2 HyF		YRS.	MONTHS		HOURS :	MIN.	7. DATE OF E (Month, De	y, Year)		Count		or Foreign
-1	215-74-8296 Sa. FACILITY NAME (If not Institution, give s	A	56	1110.	AL OUT	, TOWN OR	100000		Jan 1				rea	
-											sc. COU	NTY OF D		
?	1209 Fairway	Drive			W	ins	ter		Car					
Dimedian	10a. STATE 10b. COUNTY	Υ		10c. CI	N				10d. INSIDE					
	MD	Carroll			ter						□ NO			
CHEHAL	10e. STREET AND NUMBER				IP CODE				10g. CITI	ZEN OF	WHAT COUNTR	Υ?		
	1209 Fairway	Drive		21158							U.	S.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	U.S. ARMED  13. WAS DECENDENT OF HISPANIC  15. WAS DECENDENT OF HISPANIC  16. Yes, specify Cuban, Maxican,							r No-	14. RACI	E — American k, White, etc.	Indian,
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	ES 1 YES 2 NO Specify:						, 6,00		Spec		an
COMPLETED	15. DECEDENT'S EDU	1400	DECEDENT	I I I I	00110171011			Leas was						
	(Specify only highest grade	7.85	(Give kind of life, Do NOT u	work done	during most	of working	7	16b, KIN	ID OF BUSIN	ress/INC	USTRY			
	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.) Self-employed								su	b sh	qo			
5	17. FATHER'S NAME (First, Middle, Lest)							ER'S NA	ME (First, Middl	le Meiden Su	mamel	_		
	?						?			a, mercen co	a manney			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2115										58
2	Constance Cas	- 53	546 Congressional Drive, Westmins											
	20a. METHOD OF DISPOSITION		20b. PLA	CE AND DATE	OF DISPOS		od 7 /			20c. LOCA	_			
- 4	TV Burial 2 Cremation 3 Rem					DI LICAL LAGISTI								
-1	4 Donation 5 Other (Specify)	ovel from State	P1e	asan	ther place)	llev	Ce	met	erv	Wes			er. M	ID
	21. SIGNATURE OF FUNERAL SERVICE LIC		Ple	asan	t Va	11ey	Ce	met	ery		tmi	nst	er, M	ID
1000	4 Donation 5 Other (Specify)		Ple	asan	t Va	lley	Ce ADDRES S F	met s of fa	ery ciuty ral H	Iome	tmi	nst	e1	
1000	21. SIGNATURE OF FUNERAL SERVICE LIC	Pricts -	Ple Sweets	asan	t Va	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	el nster	, MD
CRIC	4 Donation 5 Other (Specify)	Pritts - Complications the	Ple	death. Do	t Va	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	nster	, MD
1000	21. SIGNATURE OF FUNERAL SERVICE LIC	Pritts	Sweets,	death. Do	P 4	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	nster Approximatory Onset	MD kimate il Between end Death
42800	21. SIGNATURE OF FUNERAL SERVICE LIG	Pritto - Complications that List only one can	Sweets  Sweets  It caused the use on each I	death. Do	t Va	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	nster	MD kimate il Between end Death
40000	23. PART i. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	Pritto - Complications that List only one can	Sweets,	death. Do	t Va	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	nster Approximatory Onset	MD kimate il Between end Death
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1001	21. SIGNATURE OF FUNERAL SERVICE LIG	complications that List only one cet pue To	Sweets  Sweets  It caused the use on each I	death. Do	ther place to Va	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	nster Approximatory Onset	MD kimate il Between end Death
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	21. SIGNATURE OF FUNERAL SERVICE LICE  Anthurse  23. PART i. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications that List only one cet Due To	Ple  Sweath  It caused the use on each I  O (OR AS A CON	deeth. Do line.	Price place)  Va  22.  P  4  not enter	lley NAME AND ritt 12 W	Ce ADDRES S F	met s of FA une	ery eral H	lome	& C Wes	nst Chap	nster Approximatory Onset	MD kimate il Between end Death
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. 11	23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO	Ple Swetty At caused the use on each I O(OR AS A CON	death. Do ine.  Ch SEQUENCE CO	protection in the place of the	1ley NAME AND Titt 12 W the mode	Ce ADDRES S F ash	met s of FA une ing	CETY CILITY PART I. 244	Iome d., or reapira	S C Westory and	nst Chap stmi	Appro- Intervious Onset	MD cimate oil Between end Death n h
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. 11	23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	e. DUE TO	Ple Swetty At caused the use on each I O(OR AS A CON O(OR AS A CON	death. Do ine.  Ch SEQUENCE CO	protection in the place of the	1ley NAME AND Titt 12 W the mode	Ce ADDRES S F ash	met s of FA une ing	CETY CILITY PART I. 244	IOME  d., or reapira	S C Westory and	nst Chap stmi	Appro- intervi Onset  Mere Autope Manlable Pr Completion OF DEATH?	MD kimate il Between end Death in Politica in Between end Death in Politica in Inc. In Inc. In Inc. In Inc. In Inc. In Inc. Inc.
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25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)									
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4	IER: Nursing Home 5 X Residenc	Other (Specify)							
7. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED							
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street,	factory, office	281. LOCATION (Street and Number or Rural Route Number City or Town, Stete)							

29e. CERTIFIER (Check only	1 XCERTIFYING PHYSICIAN	: To the best of my knowledge, death occurred at t	the time, data and place, and due to the	he cause(s) end manner as stated.
one)	2 MEDICAL EXAMINER: O	the basis of azamination end/or investigation in	my noinion, death occurred at the time	date and place, and due to the car

helis Kans 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Philip H. Konits, MD; 2059 Baltimore Blvd., Finksburg, MD 21048

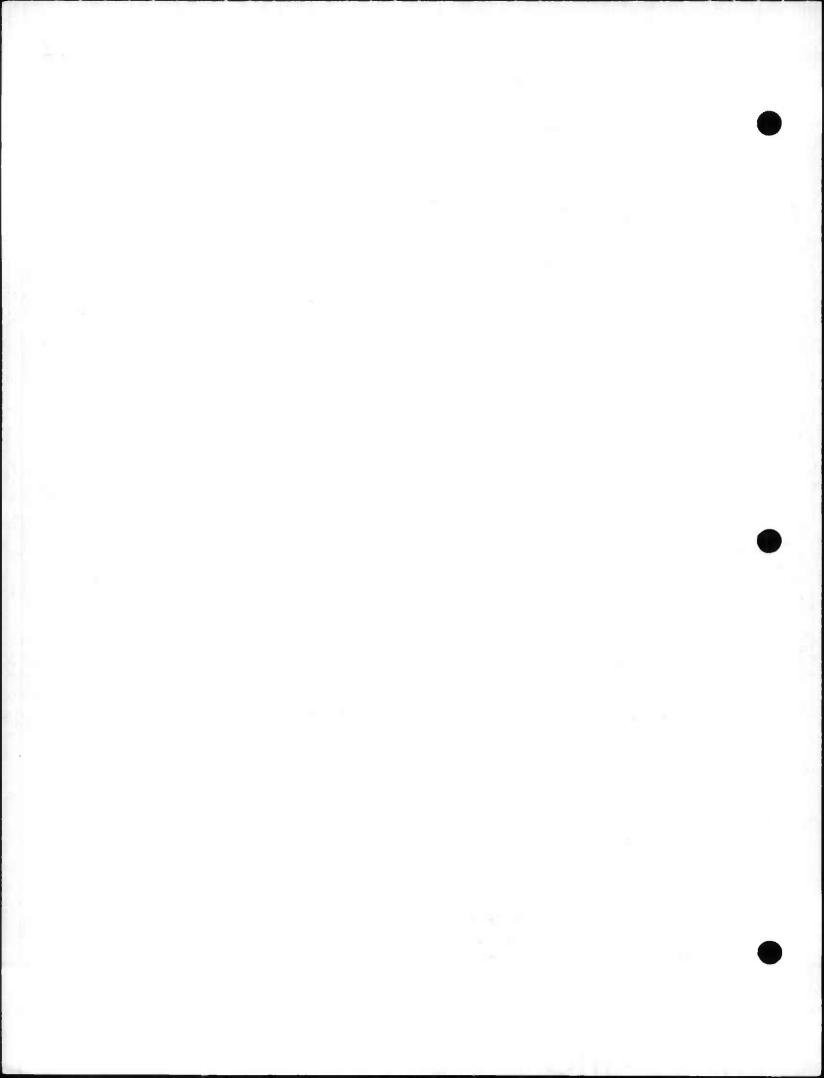
31. DATE FILED (Month, Day, Yang 94 32. REDISTRANS SIGNATURE de la constant de la

3.00

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR		STATE OF N		/ DEPAI ERTIF					MENT	AL HYGIEN	_			
	1. DECEDENT'S NAME (First,	Middle, Last)				IOAII	<u> </u>	DLA		2. DA	TE OF DEATN	,		3. TIME OF OEATH	
1	Rober	1 1	E Car	1006						MO	HTH D	AY	YEAR 94		
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DAT	E OF MIRTH	C .		LACE (State or Foreign	
- 3	579-01-4025		1 [XM 2 ] F	74	YRS.	MONTHS	DAYB	HOURS	MIN.	TILIT	onth Oliv Years	1920	Country	t Virginia	
	9a. FACILITY NAME (If not ins			7 7	207	ah CIT	V TOWN C	OR LOCATI	ON OF DE		16 20,		INTY OF DE		
œ				.1		90. CIT				EAIN		1			
6	Washington RESIDENCE OF DEC		nospita	1			nag	erst	JWII				wasni	ngton	
Ä	10a. STATE	10b. COUNTY			10c. CI	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	
5	Maryland	Was	hington		Hagerstown									LIMITS?	
AL AL	10e. STREET AND NUMBER				10f. ZIP CODE							10g. CIT	IZEN OF WI	HAT COUNTRY?	
E	1007 Rose H	ill Av	enue		21740							U	.S.A.	S.A.	
FUNERAL DIRECTOR	11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	EVER IN U.S. ARMED  13. WAS DECENOENT OF HISPANI 11 yes, specify Cuban, Maxican						GIN? (Specify Ye	or No-	14, RACE	4. RACE — American Indian, Black, White, etc.	
BY F	1 Never Married 2 X		IF YES, GIVE W	AR OR DATES	1 Yes, sp	2 NO	n, Mexica Specify	n, Puerl y:	o Rican, stc.)		Specify				
				!							l W	hite			
COMPLETED	15. OECE (Specify only	16a. I	DECEDENT'S USUAL OCCUPATION     (Give kind of work done during most of working life. Do NOT use retired.)						6b. KIND OF BU	SINESS/IN	DUSTRY				
=	Elementary/Secondary (0-	ruck :						Chao	1 Co.		ction				
M				1 1.	Luck .	DITA	61						nstru	ction	
	17. FATHER'S NAME (First, Mile Enos Carn										I, Middle, Maider				
BE						<u> </u>	-		abeth G						
6	190. INFORMANT'S NAME (7) Ethel M. Ca										imber, City or Tov			17/0	
									enue		agersto				
	20a. METNOD OF DISPOSITION 1. A Burlai 2 ☐ Cremation	n 3 ☐ Remon	ral from State	cometery (	E AND DATE crematory or g	ther place	1			1			City or Tow		
	4 Donation 5 Other		NCEE	- [Culp	eper									Virginia	
	21. SIGNATORE OF POREJIAC	SERVICE LICE	minnich Funeral Ho												
	Ca	WII	/ /w	mxc	ex	- [4.	15 E	. Wil	Lson	B1v	vd. Ha	gers	town,	Md. 21740	
	23. PART I. Enter the dis	sesses, or co	emplications the	t caused the	dasth. Do	not ents	r the mo	de of dy	ing, suc	h es c	erdiec or resp	iratory s	rest,	Approximate	
	IMMEDIATE CAUSE (Fin		or only one cec	ise on each in										Interval Between Onset and Death	
	disesse or condition resulting in death)	<b>+</b> .	2	45-fic	2441	0								3 Dan	
			DUE TO	(OR AS A CONS	EOUENCE C	NF):								0	
Z	Sequentially liet condition	b.	Ab	Rant	,'c	a	101	uls	,					6 Mouth	
E	if sny, lesding to immed	liete	but to	(OR AS A CONS	EOUENCE O	F):									
2	Cause, Enter UNDERLYII CAUSE (Disease or injui														
빌	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONS	EOUENCE C	HF):									
CERTIFICATION	11 20111, 210	d.													
	PART II. Other significer	nt conditions	contributing to	death but no	t resulting	In the u	nderiying	g ceuse (	given in	Pert i.	24e. WAS AF			WERE AUTOPSY FINDINGS	
CAL											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI										_	1 TYES	Z [] NO		OF DEATN?	
2	DID TOBACCO	O USE C	ONTRIBUT	E TO CA	LISE O	E DEA	TH '	VEC L	7 NO		,			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO		2011111101	- 10	001 0			ACE OF D			one)	_			
SIC	EXAMINER?	-	HOSPITAL:	ER/Outpatient	3   DOA	OTHE	R:				ther (Specify)				
Η	27. MANNER OF OEATN		28a. DATE OF	INJURY	28b. TIA	AE OF	28c. INJ	URY AT	ratoetice		EŞCRIBE NOW	INJURY O	CUREO		
		Pending nvestigation	(Month, D	ay, Year)	iN	JURY M		YES 2	NO						
ВУ	2 Culate	Could not be	28e. PLACE O	F INJURY — At	home, tarm,	street, fac	tory, offic	•		281. L	OCATION (Street	and Numbe	w or Rural Ro	oute Number,	
TED	= ""	latermined	building,	atc. (Specify)						C	ity or Town, State	)			
삗	29a. CERTIFIER	EVING PNVCIC	AN: To the heat of	mu barantata	d all										
COMPLE			AN: To the best of											and manner as stated.	
응					. mvenigen		opinion, u				ate and piece, a				
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICI	ENSE NUI	MBER		29d. DA	TE SIGNED	Month, Day, Year)	
5	30. NAME AND ADDRESS OF	DEDECAL MAIS	COMPLETED OF		F#44 AV -	-		1)2	145	1		7/	20/9	4	
	JU. NAME AND ADDRESS OF	/ A - L	COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	e, Print)	^	4 , 1	1.1.	1	_ /1	1	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	31. DATE FILED (Merthe Day, A	VHHI	14 M	10/-	48	_/	<u></u>	TEL	till_	MV	E. H.	4GE	RYR	Ma mo	
	JI. DATE PILED (MATE POI)	11991	32. REBISTRA	R'S SIGNATURE	Kandal							-			
		TUUT			1										



	1 - STATE REGISTRAR		SINIE OF IT	IAN I LAI	CERTIF					MENIA	REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DEATH
1	EMANUELI	E MI	CHAEL	CAV	ALIERE					T MONTH	- 14	<u> </u>	94	6:25 AH
ı	4. SOCIAL SECURITY NUMBER	ER :	s. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH Countr	IPLACE (State or Foreign
	579-22-6054		1X M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	May	16, 19	914	Wash	ington, DC
ľ	9e. FACILITY NAME (If not ins					9b. CITY	TOWN	OR LOCATI	ON OF DE	EATH		9c. COL	JNTY OF D	EATH
:	Holy Cross		ital			Sil	ver	Spri	ng			Me	ontgo	omery
1	RESIDENCE OF DECI	10b. COUNTY			10c. Cl	FY, TOWN O	R LOC	ITION						10d. INSIDE CITY
}	Maryland	Monte	omery			lver								LIMITS?
	10e. STREET AND NUMBER		,					Dr. ZIP COD	E			10g. CI	TIZEN OF V	WHAT COUNTRY?
	10820 Georg	g <b>ia</b> Av	enue, #	112				2	0902	2			SA	
ı	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U	S. ARMED			CENDENT C			? (Specify Yee	or No-		E — American Indian, c, White, etc.
ı	1 Never Merried 2 1 Nover 1 No		IF YES, GIVE W					S 2 XNO			newi, atc.)		Speci	fly:
i	15. DECE	DENT'S EDUCA	TION	1	An DECEDENT'S	I I I I I	CHIDAT	ION		101	KIND OF BUS	TIME CO. (IN	DUGTEN	White
ı		highest grade co	mpleted)			IL OCCUPATION one during most of working ed.)				KIND OF BUS	NINE 35/IN	DUSTRY		
	12	12)	College (1-4 or 5+	Salesman						I	iquor			
	17. FATNER'S NAME (First, Mic	ddle, Last)						18. MOT	NER'S NA		Aiddle, Meiden	Sumame)		
	Michael	Emanue	le Ca	valie	re			Jul	ia	The	resa	F1	ynn	
•	19a. INFORMANT'S NAME (形)	pe/Print)			196. MAILING	G ADDRESS	(Street	end Number	or Rural i		oer, City or Town	n, State, Zi	p Code)	20902
ı	Marguerite	A. Ca	valiere		10820	Geo	rgi	a Ave	nue	, Sil	ver S	pring	g, Ma	ryland
l	20e. METNOD OF DISPOSITION 1 Parties 2 Cremetion		al Irom State		LACE AND DATE		ITION/A	lame of		DATI	20c. LO	CATION -	- City or To	wn, State
	4 Donation 8 Other (	(Specify)	Δ	Gat	e of He	eaven					4 Silv	ver :	Sprin	g, Maryland
	21, SIGNATURE OF DUNERAL	SERVICE LICE	ISEE		7			ND ADDRE			FUNERA	AT III	)MF	TNC
	Mach	JA	16 men	_	١	300	UN	IVERS	ITY	BLVD	., W.	SI	L. SF	, MD 20901
1	23. PART I. Enter the dis	seeses, or cor	mplications that at only one cau	ceused t	he desth. Do	not enter	the m	ode of dy	ng, suc	h ss cerd	llec or respi	ratory a	reet,	Approximats
	IMMEDIATE CAUSE (Fine						7	^	. 1					interval Batween Onset and Death
I	disesse or condition resulting in death)	<b>+</b>	ch	m	ic K	em	-)	ta	·	ne	•			
Ì	27,023,00 to 13 ft.		OUE TO	OR AS A C	ONSEQUENCE C	OF):				۸	0			
	Sequentially liet condition	one. b.	Pe	~ip	ner	al	1	200	cu	lan	_	اعو	ase.	
ı	if sny, lesding to immedicause. Enter UNDERLYIN	liete	DUE TO	OR AS A C	ONSEQUENCE O	OF):								
ı	CAUSE (Disease or Injury that initiated events		DUE TO	OR AS A C	ONSEQUENCE C	OF):								
I	resulting in death) LAST													
I		0.												
l	PART II. Other significan	nt conditions	contributing to	deeth but	not resulting	in the un	derlyir	ng cause (	given in	Part I.	24e. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Ì										_	1   YES 2	□ NO		OF DEATH?
	- lyp	ente	wsion	1						_				1 TYES 2 NO
	7	MEDION												
	25. WAS CASE REFERRED TO EXAMINER?	F	109PITAL:		1017 E 1	OTHER	R:	PLACE OF D						
	1 YES 2 NO	1	Inpetient 2   28e. DATE OF		ent 3 DOA		_	me 5 Re	sidence		-	M di limes e :	ou inco	
	1 Netural 5 P		(Month, Da		200. IN	JURY M	W	JURY AT ORK? YES 2	NO.	zea. DES	CRIBE NOW II	NJUHY OC	CUHED	
	2 Sulaida	nvestigation	28e. PLACE OF	INJURY —	At home, ferm,	street, facto			J NO	28t. LOC	ATION (Street a	nod Numbe	or Or Russi F	Poute Number
		Could not be letermined	building,	etc. (Specify)	)						or Town, State)			Turney,
1	29e. CERTIFIER 1 CERTIF	FYING PHYSICIA	AN: To the beat of	my knowled	ge death occur	red at the s	mo des	a and alac-	and di-	to the eco	na(a) and m		and .	
														end menner ea stated.
ŀ	296. SIGNATURE AND TITLE (				_									
	(	An	re	- h				I I	37	89	,	Z9d, DA	7.14	94
1	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATI	H (ITEM 27) (Type	e, Print)		1		1 11	4 - 0	0	1	(Month, Day, Your) 94 L mD 20852
		TVAN:		0 1	21 Con	gre	231	one	e l	~#	-4-09	Kvc	evil	m 20012
	31. DATE FILED (Month, Day, W	1994	Junia Dan	HOSON-	Mandall.									

TO BE COMPLETED BY FUNERAL DIRECTOR

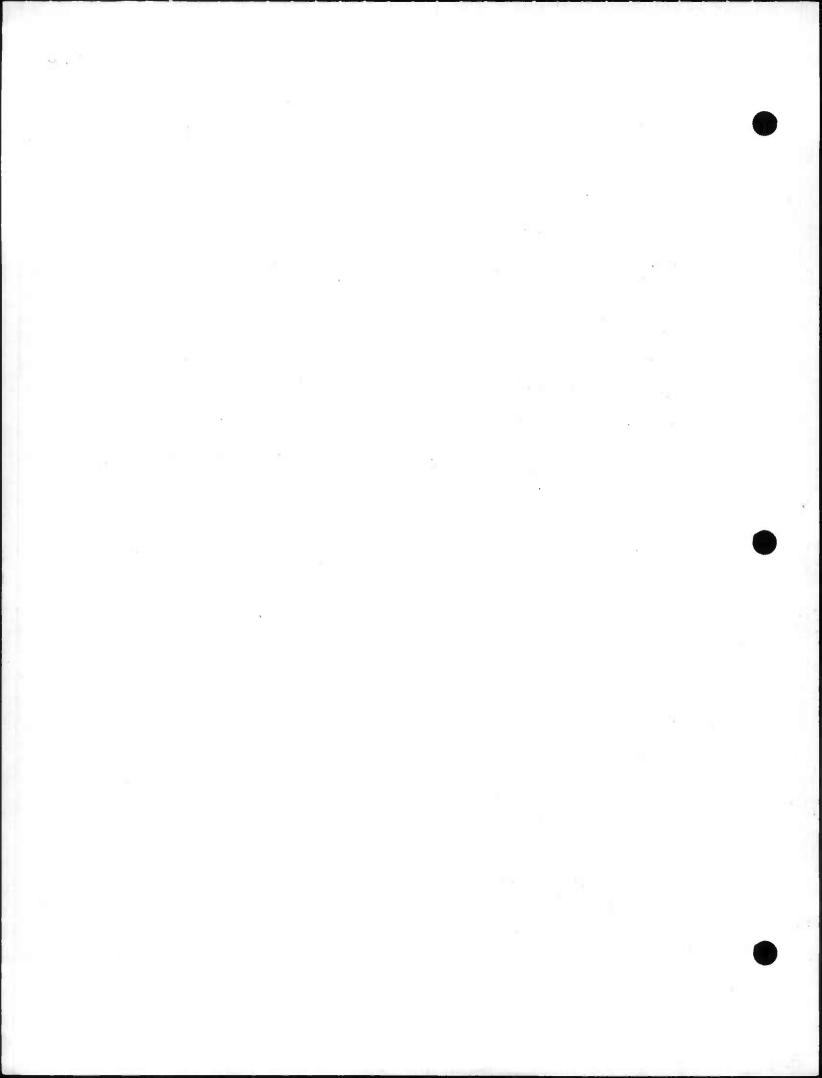
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



Secretary is made from the store of party   Secretary from the control of party   Secretary from the contr		1 - STATE REGISTRAR	STATE UP MA			F DEATH	MENTAL HYGIEN REG. NO.	E	
TORRESTANT  1. SOCIAL SECRETIF NUMBERS  1. SECRETIF	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEA.	
TOTAL STATES AND PART IN COUNTY NAME (FOR IMPRIOR COUNTY OF DEATH  SUBURISHMEN HOSPITAL  BETHESIDA  SUBURISHMEN HOSPITAL  WONTCOMERY  WE COTY. TOWN ON LOCATION OF DEATH  WONTCOMERY  WE COTY. TOWN ON LOCATION OF DEATH  WONTCOMERY  WE COTY. TOWN ON LOCATION  WONTCOMERY  WE COTY. TOWN ON LOCATION  WONTCOMERY  WE COTY. TOWN ON LOCATION  WONTCOMERY  WE COTY. TOWN ON LOCATION  WONTCOMERY  WE COTY. TOWN ON LOCATION  WE COTY. TOWN	Ŭ.	11/1/1/1/1/					VULY 16	5 94	17:05 H
THE MALE FOR PROJECTION STATE AND FUNDED TO CONTRIBUTE TO CAUSE OF PART MALE FIRE MALE	- 9						(Month, Day, Year)	Co	untryl
SUBURBAN HOSPITAL  BETHESDA  MONTCOMERY  100. ADMIT STORM ON LOCATION  100. ADMIT STORM ON LOCAT		0.17 20 0000		/4 THS.	ON OUTY TOWN	I OR I CONTION OF R			
STREET AND MARKETS  6121 MONTROSE ROAD  11. MANTAL STATUS  11. MANTAL	Œ						EAIR		
STREET NO NAMED   STREET NO NAMED   STATES   STA	5	RESIDENCE OF DECEDENT			DEID	ESDA		MONTG	FOREKI
STREET NO NAMED   STREET NO NAMED   STATES   STA	E								
THE DESCRIPTION OF DISCOUNTS  THE DESCRIPTION SQUARE STATE S			'GOMERY	RO					
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21. SIGNATURE OFFURERAL SERVICE LICENSEE    DANZANSKY-COLDBERG MEMORIAL CHAPELS, INC.			noval from State						
23. PART I. Exfect the dissestion, or complicisions that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, infance, or hardfulliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any leading to timmediate cause. Enter INDERTY, INDICAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR			CENSEE	IKING DAVI	22. NAME	AND ADDRESS OF FA	CILITY		
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296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  7-15-94	OM								se(s) and menner as stated.
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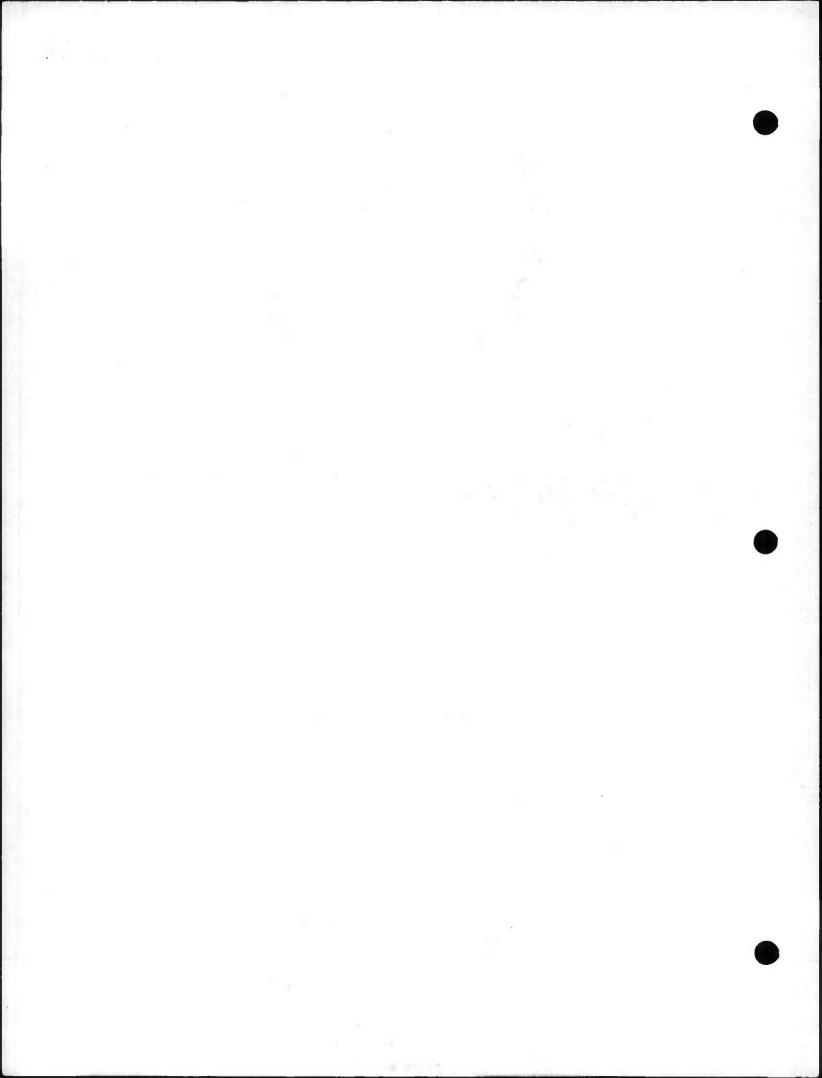
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

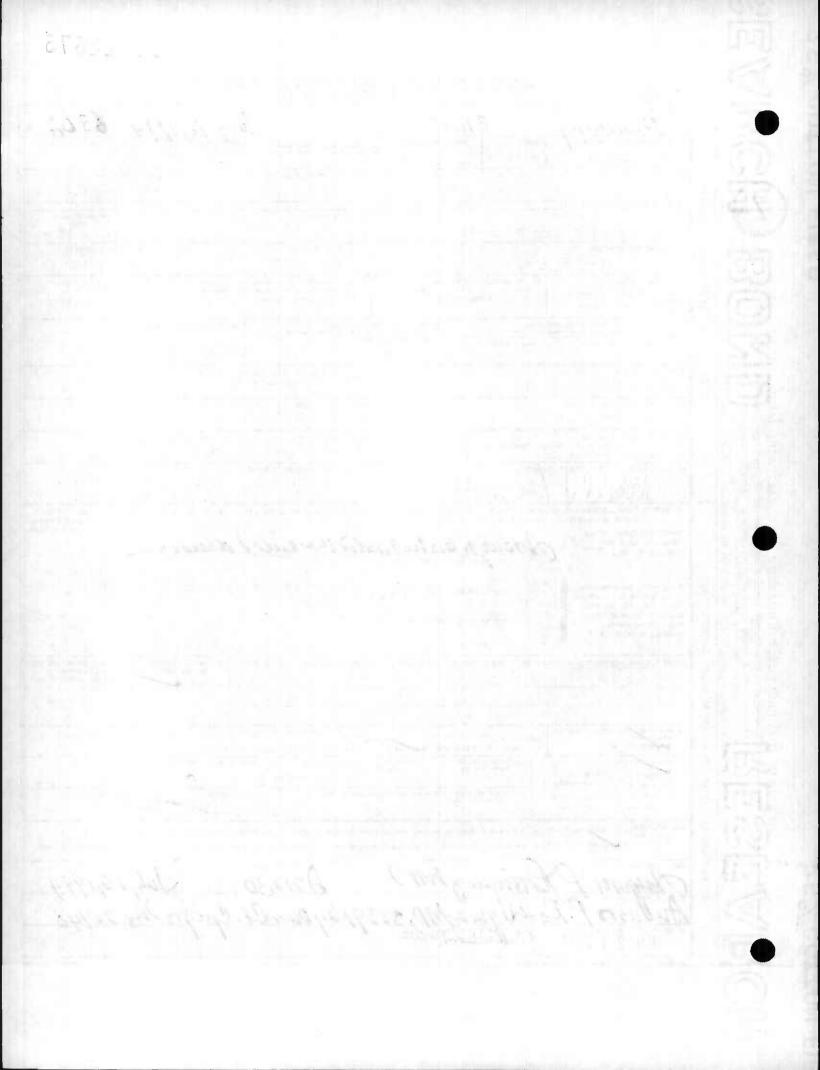
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	_1
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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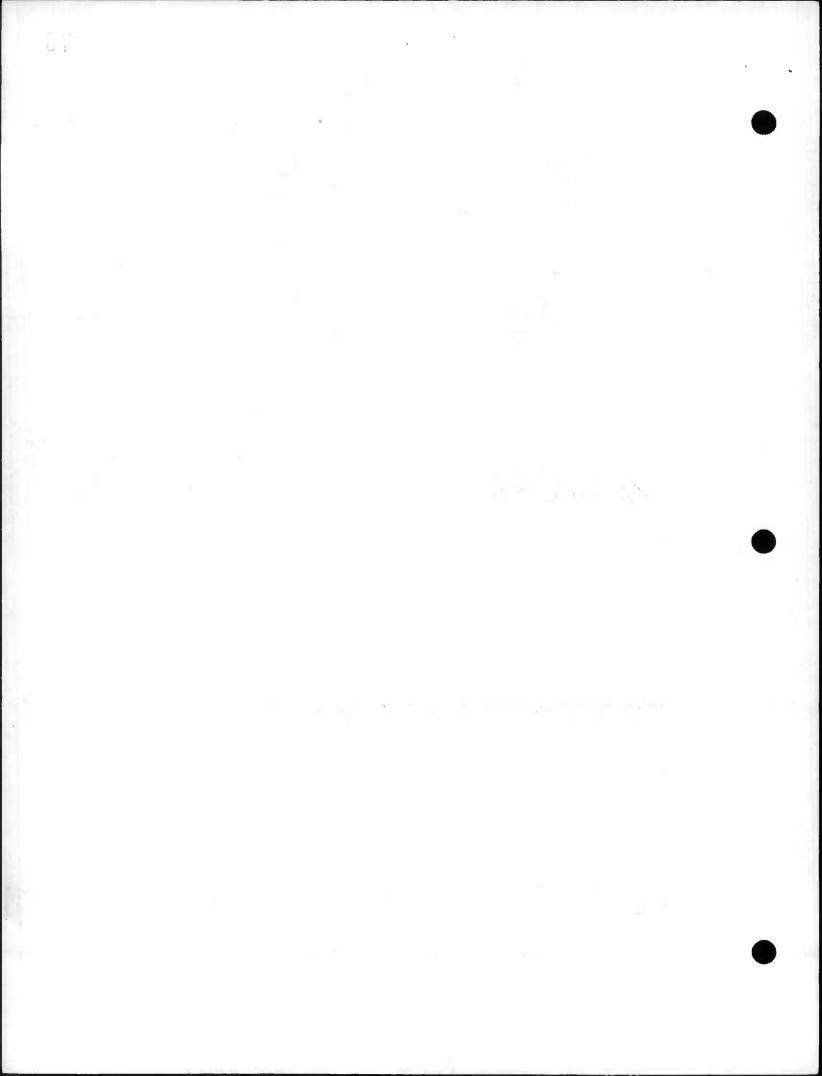
_	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)  Hanchen	Ch	e w			2. PATE OF DEATH	1994 TAR	850A M
	4. SOCIAL SECURITY NUMBER / 049-66-2198	XX M 2 □ F	E (In yrs. leat birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 31,19	912 Chi	THPLACE (State or Foreign natry)
IOH	9a. FACILITY NAME (If not institution, give st Greater Laurel		le Hosp.	96. CITY, TOWN	Ce1	EATH	Prince	George's
DIRECTOR	10a. STATE 10b. COUNTY	ce George's		, TOWN OR LOCA eltsvill				10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	106. STREET AND NUMBER 10407B 46th Aven	nue, Apt. 3	01	10	20705			what country? States
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR IF YES, GIVE WAR OF	S 2 X 10	If yes, sp		NIC ORIGIN? (Specify Yein, Puarto Rican, atc.) y:	Bie	CE — American Indian, ck, White, atc. cdy: Asian
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of with Do NOT use Banker	USUAL OCCUPATE rork done during me e retired.)	ON set of working	166. KIND OF BU	SINESS/INDUSTRY	
E COM	12 years 17. FATHER'S NAME (First, Middle, Last) Shin-Fu Chow	4 years	Danker		16. MOTHER'S NA Ruey-C	ME (First, Middle, Malden		
10 8	190. INFORMANT'S NAME (Type/Print) Ted Chow		19b. MAILING 4605	ADDRESS (Street )	and Number or Rural Street I	Aoute Number City or Tow Beltsville	n, State, Zip Code) , Maryla	nd 20705
	20a. METHOD OF DISPOSITION 1 Structure 2 Cremation 3 Remo	oval from State	ob. PLACE AND DATE Of the control of			7/22/94 Ade	cation - city or liphi, Mary	
-	21. SIGNATURE OF FUNERAL SERVICE LIC	Dalind	+	Donal		gwardt Fu		me, P.A. e, Md. 20705
	23. PART I. Enter the diseases, or deshock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Alteria de	Sed the deeth. Do not be the line.  Set the line.  Set the line.  Set the line.	ender v		Approximate Interval Between Onset and Daeth		
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF	•				
MEDICAL	PART II. Other algoriticent condition	n contributing to deet	but not resulting h	n the underlyin	g cause given in	Part i. 24a. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE DF DEATH (Ch	eck only one)		
PH I SICIAN:	27. MANNES OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/O 28a. DATE DF INJUR (Month, Day, Yea	Y 28b. TIME	E OF 28c. IN.	JURY AT DRK?	6 ☐ Other (Specify)  26d. DESCRIBE HOW I	NJURY OCCURED	
ED BT	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJU- building, atc. (S	RY — At home, farm, a pecify)		YES 2 NO	261. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
COMPLEIED		CIAN: To the best of my kn						(a) and manner as stated.
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	31. DATE FILED (Month, Day, 'pag)	ochlyw2	-MD,50	Print) PRa	y burne	4.68	n my	21748
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r the funeral director, page 5 should be detached for use as the burial-transit power.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPART	MENT OF H	EALTH AND M	IENTAL HYGIENE		
	DECEDENT'S NAME (First, Middle, Lest)	HOWARD	(	Chel	ton	2. DATE OF DEATH MONTH DAY	1994	3. TIME OF DEATH 9:25 p m
	231-36-9857	1 x M 2 □ F 6	9 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Year) 08-18-19;	24 \	RTHPLACE (State or Foreign unitry) 7 IRGINIA
OR	9a. FACILITY NAME (If not institution, give stre PENINSULA REGION				R LOCATION OF DEA	TH	9c. COUNTY O	F DEATH OMICO
IRECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
SAL D	VIRGINIA ACCO	MACK	S2	AXIS	ZIP CODE			1 X YES 2 NO
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☑ YES 2 IF YES, GIVE WAR OR DATES	. ARMED	If yes, sp	city Cuban, Mexican,	C ORIGIN? (Specify Yes of Puerto Ricen, etc.)	В	ACE — American Indian, Hack, White, etc.
ED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCA (Specify only highest grade or	WORLD WAR I	DECEDENT'S U		2 NO Specify:	16b. KIND OF BUSI		WHITE
COMPLETED	Elementary/Secondary (0-12) 7TH GRADE	College (1-4 or 5+)	WATER	retired.)	at of working	SEAFO	DD	
	17. FATHER'S NAME (First, Middle, Last)  LEE CHELTON . S	'D				E (First, Middle, Meiden S	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	iR.	19b. MAILING A	DDRESS (Street a		E LINTON  oute Number, City or Town,	State, Zip Code	,
=		LTON		IS, VA				
	20a. METHOD OF DISPOSITION  No Burlel 2 Cremation 3 Remov  4 Donation 5 Other (Specify)	rel from State cemetery	CE AND DATE OF	r place)	me of ERY_7-1:		ATION — City o	3
	21. SIGNATURE OF FUNERAL SERVICE LICE		111111111111111111111111111111111111111		D ADDRESS OF FAC	FOX F		НОМЕ
	23. PART i. Enter the diseases, or co	mplicetions that ceused the st only one cause on each	deeth. Do no	t enter the mo				VA 23442
	IMMEDIATE CAUSE (Fine)	DUE TO OR AS A CO						Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF):					
AL C	PART II. Other significent conditions	contributing to deeth but n	ot resulting in	the underlying	ceuse given in P	Part I. 24e. WAS AN A		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC	-					1 YES 2		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CO	ONTRIBUTE TO CA	USE OF		ES NO			1 TYES 2 NO
PHYSICIAN:		HOSPITAL:		THER:	ACE OF DEATH (Chec			
ву РНУ	27. MANNEB-OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURED	
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, str	eet, factory, offic		28f. LOCATION (Street ar City or Town, State)	nd Number or Ru	ral Route Number,
COMPLET		AN: To the beat of my knowledge On the basis of exemination end						se(a) and manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	202			29c. LICENSE NUME り と」	7 Y	29d. DATE SIGN	NED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO	, n	100	Pom	2 4+	, Sali	ston	1. Lougho
5	31. DATE FILED (Month, Day, Veer)  [11] 15 1994	32 REGISTRAR'S SIGNATUR						

DHMH-18 Rev 1/89



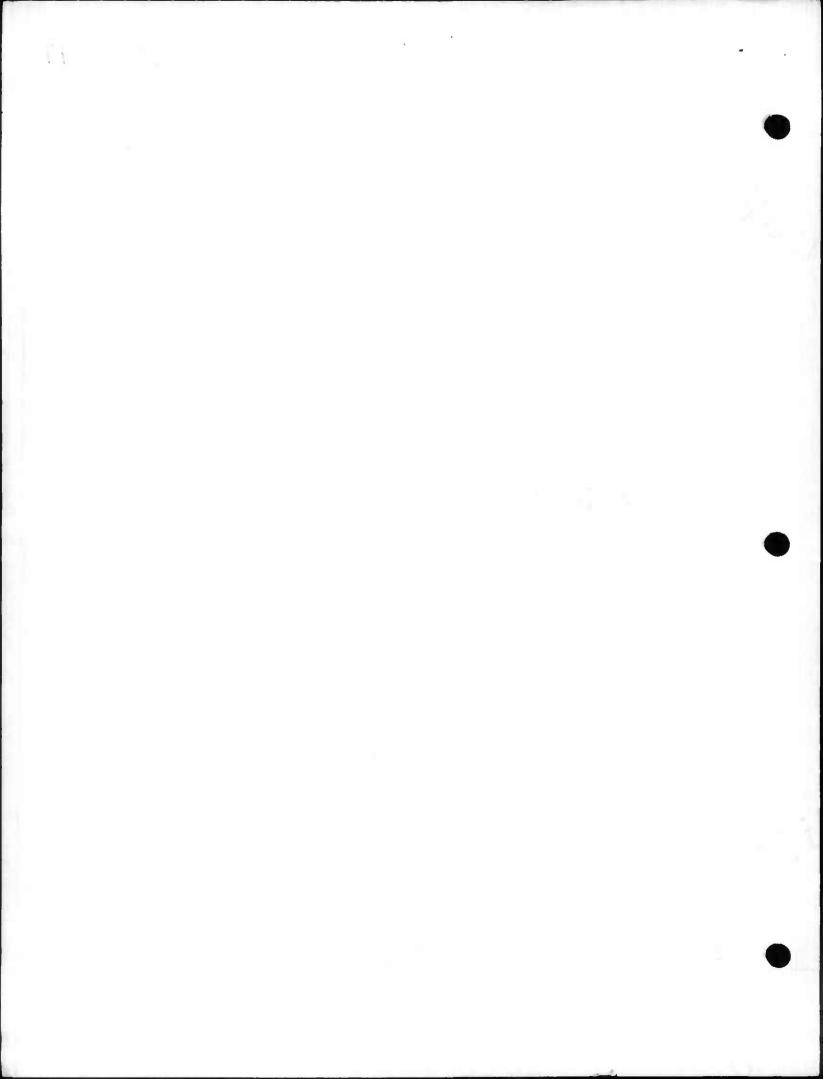
physi	e buna			
rtendin	e as th			
6	L US			I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna		6	
the /	e deta		if one	ı
5	b		G	ı
retaine	5 shou		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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ours aft	in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	nedica	
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TAL (	JAL D	7	E	
IOSP	UNE	E S	ä	
포	THE F	M Dell	E	
2	2	8	Ξ	

30. NAME AND ADDRESS OF PERSON WHO CO GREGORIO M. 31. DATE FILED (MONTH, Day, Year) JUL 19 1994

BELLOSO, M. I 32. REGISTRAR'S SIGNATURE Julia Denisan-Rudal

										51	1 2201	I
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF I	HEALTH	AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF DEATH		3. TIME OF DEATI	
	Flua	Hadder			00	PF	2:11			AY,	7115	-
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	-1.51.45.41		7 3	ID			<u> </u>		PMW
	222-20-2784		96		MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH	07	BIRTHPLACE (State or For Country)	reign
		1 M 2 XF	90	YRS.					11/27/18:	9/	MD	
	9a. FACILITY NAME (If not institution,						OR LOCATI	ON OF D	EATH		Y OF DEATH	
18	Harrison House	Nursing F	lome		Sı	now	Hill			Word	cester	
DIRECTOR	RESIDENCE OF DECEDEN											
12		OUNTY				OR LOCA					10d. INSIDE CITY	
	MD V	Vorcester		1 22 11			Berlin	n			ty YES 2 1	ND
FUNERAL	10e. STREET AND NUMBER			-		10	r. ZIP CODI	E		10a, CITIZE	N OF WHAT COUNTRY?	
LE.	8635 Stephen	Cocatur P	٦				21011					
Z	11. MARITAL STATUS	12. WAS DECEDEN		MED	1 42		21811			L US		
	1 Never Married 2 Married	FDRCES? 1	YES 2	10	13	It yes, sp	ecify Cuba	in, Maxics	NIC DRIGIN? (Specify Year, Puerto Rican, etc.)	a or No — 1	4. RACE — American India: Black, Whita, atc.	n,
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 MM	Specif	y:		Specify:	
B	15. DECEDENT'S	S EDUCATION	144- 05	CEDENT'S	1					That is not a second	white	
H	(Specify only highest	grade completed)	(G	ive kind of a	work done	durina mo		ng	16b. KIND OF BU	SINESS/INDU	STRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	1)									
COMPL		3 yrs	re	egiste	ered	nui	rse		medica			
8	17. FATHER'S NAME (First, Middle, La						18. MOTI	HER'S NA	ME (First, Middle, Malden	Sumame)		
出	John J. Hadde						Alic	ce M	. Dennis			
0	19e. INFORMANT'S NAME (Type/Print)	)	19	b. MAILING	ADDRES	S (Street a			Route Number, City or Tow	n, State, Zip C	ode)	
F	George Van H	ove		1061	Sha	II C	ross	Rd	Middleto	awn I	DE 10700	
	20a, METHOD OF DISPOSITION		20b. PLACE					ivu.			ty or Town, State	
	1 X Burial 2 Cremation 3 C 4 Donation 6 Other (Specify)		cemetery, cre	matory or o	ther place	1					ALCOHOLD THE PROPERTY OF THE PA	
	21. SIGNATURE OF BUNERAL SERVI		Ever	gree!			ND ADDRES		7/19/94			
	V// //	1 Louter				HAME A	TO ADDRES	33 UF FA	Burba	ge Fu	neral Home	
	11:7/1	7			1	08 W	/illiar	n St	. Berlin,	MD 2	1811	
	23. PART & Enter the diseases	, or complications the	t caused the da	ath. Do n	Dt ente	r tha mo	da of dyi	ing, auc	h as cardiac or resp	iratory arres	t, Approximat	te
	immediate cause (Final	iure. List only one cat	ise on aach lina	l.							Interval Bel	tween
	disease or condition	Crasi	704 . 0	200	1. 6.	0.	71	00	et Des	65.0	Onset and	Death
1 1	resulting in death)	a. COCC	cros(	Le	20	u	84	ea	u wes	ease		
		306 10	OH AS A CONSE	DUENCE OF	1	0	7		0-	-	ľ	
징	Sequentially list conditions,					C	rle	rec	orelex	DRES		
RTIFICATION	if any, leading to immediate	DUE TO	(DR AS A CONSE	DRENCE OF	F):							
0	CAUSE (Disease or Injury	с										
📙	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	DUENCE OF	F):							
CER	resulting in death) LAST	d										
	PART II. Other aignificant cond	ditions contribution to	double had not a		- ab	4 6-1						
<u>₹</u>	1 4 - 11	assuler					g cause g	iven in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO	
EDICAL	Silver			car	net	, 0	astr	ele	1   YES 2	NO NO	COMPLETION OF CA OF DEATH?	WSE
¥	sence!	Demen	ea;	SIL	æi	cer	ma	_			1 TES 2 1 NO	0
	Peripher	el Vasci	elar 5	Dix	ear	P .						
₹	25. WAS CASE REFERRED TO MEDIC	AL				26. PL	ACE OF DI	EATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER? 1 ☐ YES 2 🙀 NO	HOSPITAL:	ER/Outpetlant 3	□ poe	OTHE	R:						
ΞI	27. MANNER OF DEATH	28e, OATE OF		28b. TIM		28c. INJ		sidence	6 Other (Specify)			
	1 Natural 5 Pending	(Month. D		INJ	URY	WO	RK?		28d. OEŞCRIBE HOW I	NJUHY OCCU	RED	
В	2 Accident Investige						ES 2	) ND				
8	3 Suicide 6 Could no	Duliding.	F INJURY - At ho etc. (Specify)	me, farm, s	treet, fac	tory, office	•		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
7	290. CERTIFIER (Check only	PHYSICIAN: To the best of	my knowledge, de	ath occurre	d at the	time, data	and placa.	and dua	to the cause(a) and mer	ner se stated		
COMPLETED	one) 2 MEDICAL EXA	AMINER: On the basis of a	camination and/or i	rrvestigatio	n, In my	opinion, d	eath occur	ed at the	time, data and place, an	d due to the	: :ause(a) and menner as ata	rted.
	29b. SIGNATURE AND TITLE-OF-CER		-	K								
BE		2.01	- 1	2		Į	29c. LICE				IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSO	W WHO COMES THE CAME	- OF DE		-	_	1	29	7505	107	7-16-94	7

MICKEADY HOSP., CRISFIELD, MAD 21817



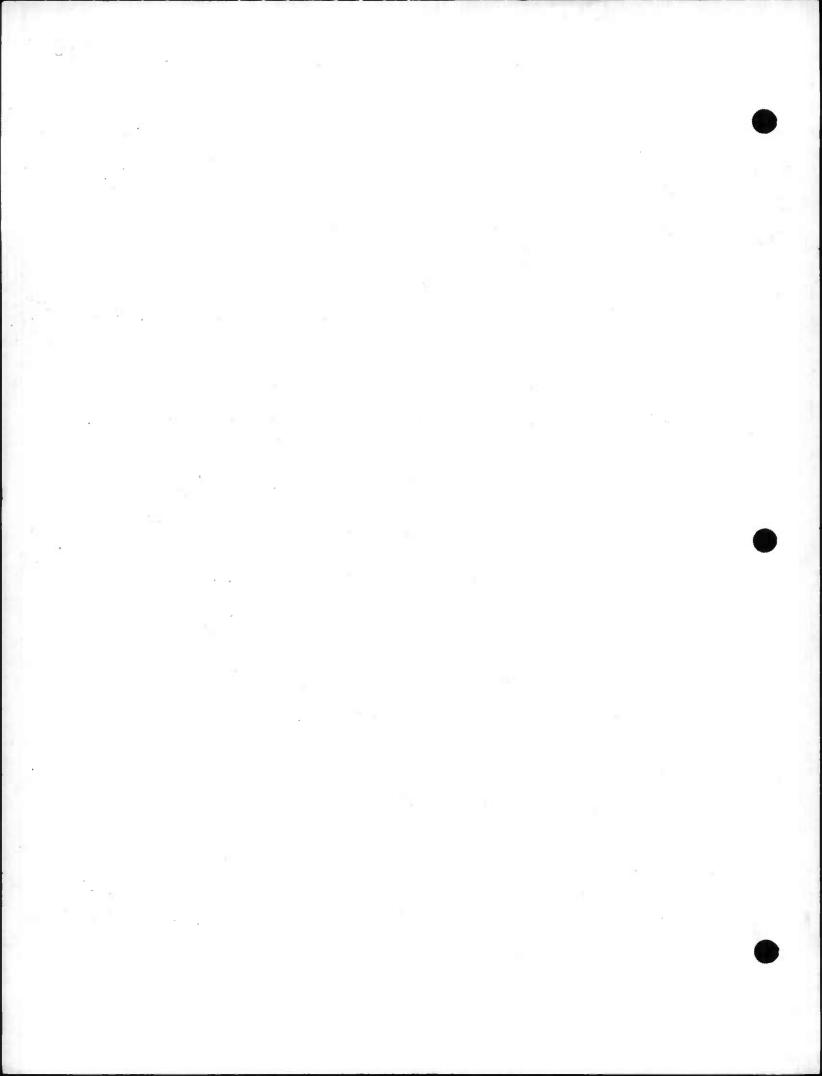
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OTALE OF IM	CE				DEATH	IMICIAIN	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ROLAND		C.	HR	Î57	,		2. DATI	E OF DEATN	0.70	YEAR.	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-14-2509	5. SEX 1X M 2 F	8. AGE (In yrs. last 77	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN C	R LOCATION OF D		13-16	9c. COUN	Wash ITY OF DE	D.C.
TOR	MED Atlantic Silv	er Spring			Si	lver	Spring			Mon	tgome	ery
Ä	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
<u>=</u>	Maryland Princ	ce George		H	yatt	svi1	.1e					LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 6040 Sargent Road	#4207				101	ZIP CODE			10g. CITI		IAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI		MED O		f yes, spe	ENDENT OF NISPA ticity Cuban, Mexic 2 A NO Speci	an, Puerto	N? (Specify Yes Ricen, etc.)	or No-	14. RACE	American Indian, White, etc.
ED	15. DECEDENT'S EDU (Specify only highest grade	(CATION completed)	18a. DEC	EDENT'S	USUAL OC	CCUPATIO	N st of working	16	b. KIND OF BUS	NESS/IND		OR
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	life.	Do NOT us	erk	Juling mo:	st or working		Federa	1 Go	verni	ient
SON	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	AME (First,	Middle, Maiden S	iumame)		
BE C	Augustine Christ	ian					Janice 1	Richa	ardson			
TO B	19a. INFORMANT'S NAME (Type/Print) Thelma Christine/	WIRE					Rd. #42					1792
	20 METHOD OF DISPOSITION	WILL			_ =						_	
	1 Normalion 3 Ram  1 Donation 5 Other (Specify)	ioval from Stale	20b. PLACE AL					7-8			. ,D.C	•
	21. SIGNATURE OF FUNERAL SERVICE	ENSEE			22.	NAME AN	er s Fu	ACILITY .	Home	Inc		
	Mayis	If fe	12	#642								DC 20001
CERTIFICATION	23. PART I. Enter the liseases, of ahock, or heer failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. QUE TO (C	OR AS A CONSECUTION AS	UENCE OF	ms Tr	the mod	as of dying, such	Les Les	rdlec or raapir	atory arr	eat,	Approximate interval Between Onset and Death
MEDICAL	PART II. Other algnificant condition	Vascu	las a	cc	ed	en	<i>C</i>	_	24a. WAS AN A PERFORI 1 YES 2	MED?		WARE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (C	heck only o	ne)			
PHYSICIAN	1 VES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER 4 Num		e 5 ☐ Residence	8 🗆 Oth	er (Specify)			
	27. MANNER OF OEATH  1 Netural 5 Pending	28a. DATE OF IN (Month, Day,	YURY ( Year)	28b. TIM INJ	E OF JURY		URY AT RK? 'ES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCC	UREO	11.48
ED BY	Accident Investigation  3 Suicide 8 Could not be	28a. PLACE OF building, at	INJURY — At horr	ne, farm,	street, facto			261. LO	CATION (Street ar	nd Number	or Rural Ro	ute Number,
	4 Homicide determined						1/4	City	or rown, state)			
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the bast of m										
	29b. SIGNATURE AND TITLE OF CERPIFIE	-				,,,,,,,,			a and place, and			
8	101 B				-	2	29c. LICENSE NU	MBER	7	29d. DATE	SIGNED (	Month, Day, Year)
2	ME A DORESS OF PERSON WH	IO COMPLETED CAUSE	OF DEATH (ITEM	27) (7/04	Print)	/	09	9		- /	171	17
1	K.T. Bons	rk M	0	4/1		1	IN DR	, ,	16	7	- >	1/20/10
	31. DATE FILED (Month, Day, Yee) 199	4 32. REGISTRAR	S. SIGHALABRY-	Hand	WE !	11	ie pr	- 11	rea	100	4.11	16 20/10

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a flow is after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainst be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

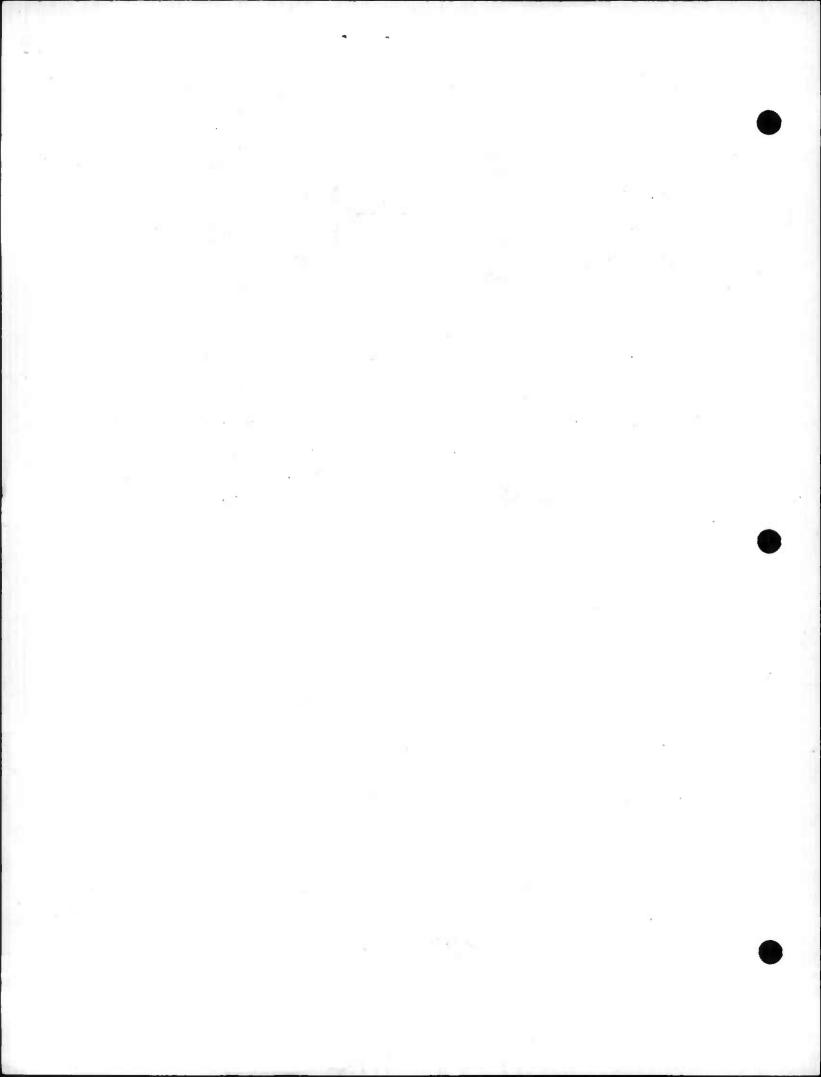
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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	ate	8
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1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP	ARTMENT OF	HEALTH AND I	MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Mid	die, Lest)				2. DATE O	F DEATH DAY		3. TIME	E OF OEATH	
	Edward	Lee Dol	an, Sr.		Jul		1994		100	M
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthde	"	IF UNDER 24 HRS.	7. DATE OF		0. E	DIRTHPLACE (	(State or Foreign	0
234-56-3956	1 🔀 M 2 🗆 F	57 YRS	MONTHS DAYS	HOURS MIN.	Sept.				rginia	4
90. FACILITY NAME (If not institut	ion, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE			ec. COUNTY		191111	_
1062 West Old	l Philadelphia	Road	North	East			Cecil	ì –		
RESIDENCE OF DECED										
10a. STATE 10b	COUNTY	10 N	orth East	TION				10d. IN	SIDE CITY MITS?	
	Cecil	1	062 West	Old Phila	adelpl	hia Roa	ad	1 🗆 Y	ES 2 NO	
10e. STREET AND NUMBER			10	Of. ZIP CODE		1	10g. CITIZEN	OF WHAT CO	UNTRY?	
106. STREET AND NUMBER 1062 West Old 11. MARVIAL STATUS	l Philadelphia	Road		21901			U.S.F	Α.		
11. MARITAL STATUS	12. WAS DECEDENT E			CENDENT OF NISPAN pecify Cuben, Mexica			No- 14.	RACE - Ame Black, White,	ricen Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	IE VES CIVE WAR	OR DATES		S 2 NO Specify		cent, etc.)		Specify:		
	Korea							Wh:	ite	
15. DECEDEI (Specify only high Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle,	NT'S EDUCATION nest grade completed)	(Give kind	T'S USUAL OCCUPAT of work done during m		16b. K	CIND OF BUSIN	ESS/INOUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)		T use retired.)							
12		Sub-c	ontractor			onstru				
	· ·			18. MOTNER'S NA			mame)			
	e Ferrell			Bertha	May	Vars				
198. INFORMANTS NAME (Type/				and Number or Rural F						_
Edward H. Do	an, Jr.	1062	W. Old H	hiladelpl	hia R	d., No	rth Ea	ast, MI	2190	1
20a, METHOD OF DISPOSITION 1 I Burlet 2 Cremation 3	☐ Removal from State	20b. PLACE AND DA	TE OF DISPOSITION (A	lame of	DATE	20c. LOCAT	TION — City	or Town, State	á	
4 Donation 5 Other (Spe	**	Ferrell			i		endale			
21. SIGNATURE OF FUNERAL SE	AVICE LICENSEE		22, NAME A H1CK	ND ADDRESS OF EACH	or Fu	nerals	, P.A.			
	1 0 Wil		103	West Sto	ckton	Street				
23. PART I. Enter the disea	sea, or complications that c	sused the death. D	Elkt	on MD	21921	-5521	loor amount	1 6		
ahock, or heart	failure. List only one cause	on each line.	o not anter the m	oue or dying, suci	n wa caron	ic or respirat	tory arrest,		pproximate iterval Betw	een
IMMEDIATE CAUSE (Final disease or condition		,		1				0	nset and De	ath
resulting in death)	· pals	R AS A CONSEQUENCE	in all	eme				/	hour	
	//							1	0	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. Sern	AS A CONSEQUENCE	2					/	mone	X <sub>j</sub>
If any, leading to immediate cause. Enter UNDERLYING	1 300 10 10	A A CONSCOUENCE	E OF).					i		
CAUSE (Disease Dr Injury that Initiated events	c. DUE TO (O'	R AS A CONSEQUENCE	E OFI:					<u> </u>		_
resulting in death) LAST			- ,-					ĺ		
	d							-		_
PART II. Other algnificant c	onditiona contributing to de	ath but not resulting	ng in the underlyin	ng cause given in	Part I. 2	24a. WAS AN AU PERFORME			UTOPSY FINDIN	(GS
						1 TES 2		COMPLE	ETION OF CAUS	ε
								OF DEA	ES 2. NO	
					_					
25. WAS CASE REFERRED TO ME EXAMINER?  1 Fes 2 NO  27. MANNER OF DEATH	DICAL		26. F	PLACE OF DEATH (Che	eck only one)					_
EXAMINER?	HOSPITAL:	R/Outpatient 3 00/	OTHER:	me 5 of Realdence		(C(A-1				_
27. MANNER OF DEATH	28a. DATE OF IN	JURY 28b.		JURY AT		RIBE NOW INJU	URY OCCURE	in o		
		Year)	INJURY	ORK?						
- C	tigation 28e, PLACE OF II	NJURY - At home fan			281 LOCAT	TON (Street and	Millimbar or B	humi Davita Muse	mbas	_
4 Homicide detar	d not be building, etc	:. (Specify)	<u>\</u>		City or	Town, State)	Number of Pa	Oral Florid Hull	TAUGH,	
3   Suitclée 6   Coulde deter 4   Homicide deter  29e. CERTIFIER 1   CERTIFYII One) 2   MEDICAL							<del> </del>			
(Check only 1 CERTIFYII one)	NG PNYSICIAN: To the best of my									
2 MEDICAL	EXAMINER: On the besis of exam	nination and/or investig	etion, in my opinion,	death occured at the	time, data a	nd place, and d	due to the cau	use(s) and ma	inner as stated	J.
29b. SIGNATURE AND TITLE OF	CERTIFIER	0		29c. LICENSE NUN	ABER	2	9d. DATE SIG	NED (Month,	Day, Year)	_
	neham, 1	nel		1357	779		17/	15/9	74	
30. NAME AND ADDRESS OF PER	ISON WHO COMPLETED CAUSE	OF OEATN (ITEM 27)	ype, Print)		1			,		
W. Knii	e Obe	her son v	n. 1)	Lnsant	050.1	ED.	FAU	601-	maz	19
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	, ,		2001		~111	en,	1 200	-
JUL 19'94	gulia Davido	- Hendall								
									Day	
									DNMH-16 Re	v 1/



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filled within 72 hours after death with the State Dept. or Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	•	STATE OF M	CI	ERTIF	ICAT	E OF	DEATH			REG. NO				
1. DECEOENT'S NAME (First, Middle,	Last)	Brook		zabe			vis		2. DATE	OF OEATH			3. TIME OF OEATH	
BADY G	IRL	A DAVIS		200	-011	Du	VIB		JIII	Y 15	100/	YEAR	5:10 p M	
4. SOCIAL SECURITY NUMBER		SEX	8. AGE (In yrs. las	st birthday)		R 1 YEAR	IF UNDER 24		7. DATE	OF BIRTH	1334	8. BIRTHE	LACE (State or Foreign	
n/a	1	□ M 2 V F		YRS.	MONTHS	4	HOURS &	MIN,		y 11	1994		aryland	
9a. FACILITY NAME (If not institution,	give street	end number)			9b. CIT	Y, TOWN O	R LOCATION	OF DEA	ATH		Sc. COUNTY OF OEATH			
JOHNS HOPKINS	HOS	PITAL			BAL	TIMO	RE CI	ΤY						
RESIDENCE OF DECEDEN 10a. STATE 10b. C	MINTY	C11		10c. CIT		OR LOCAT						- 1	10d, INSIDE CITY	
n/a Md		Carroll			n/	,	Wes	stmi	inste	er		- 1	LIMITS?	
10e. STREET AND NUMBER		11 / U			11/	-	ZIP CODE				10g, CIT		HAT COUNTRY?	
n/a 202	Dow	bara Dr:					n/	1-	2.1	157	U.5			
11. MARITAL STATUS		. WAS DECEDENT	EVER IN U.S. AF		13.	WAS DECI	ENDENT OF H		44.4			_	- American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1 [ IF YES, GIVE WI		NO		If yes, spe	2 NO	Mexican,	, Puerto F	lican, etc.)		Black, Specify	White, etc.	
15. DECEDENT'S			18e. DE	CEDENT'S	USUAL C	CCUPATIO	N		16b.	KIND OF BU	SINESS/INI	DUSTRY		
(Specify only highest Elementary/Secondary (0-12)	Ť	ollege (1-4 or 5+)	- //m	tive kind of u	work done se retired.)	during mos	st of working							
n/a					n/	'a				n/	'a			
17. FATHER'S NAME (First, Middle, Let	st)						18. MOTHER	NAM 2'F	AE (First, A	Aiddle, Maiden	Surneme)			
	vid	Davi	5				M	lar	cia	Lyn	in S	Stewa	art	
19e. INFORMANT'S NAME (Type/Print)							nd Number or							
Michael D.	Dav:	is					a Dri		_					
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3   4 Donation 8 Dother (Specify)	Removal	from State	Comotory, ore	mutory or o	trior praco,	,	7/1 Cem					City or Tow	n, State	
21. SIGNATURE OF FUNERAL SERVI	CE LICENS	SEE		Анн	22.	NAME AN	D ADDRESS	OF FAC	YTLIK				-	
Katherine	4	Roser -	Sweets	11			ts Fu Washi						el nster, MD	
23. PART i. Enter the diseases	, or com	pilcations that	caused the p	ath. Do r									Approximate	
ehock, or heert fel IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Gr	OUB	B-H	en ol	Stic	strop	ک می	50%	25,2			Interval Between Onset and Death	
		DUE TO (	OR AS A CONSE	DUENCE O	F);	1	1.		1				-1/1	
Sequentially list conditions,	b		suha			d	Mend	V / 1	aus	1			1/2000	
If sny, lesding to immediate cause. Enter UNDERLYING		DUE TO (	OR AS A CONSE	OUENCE O	F):									
CAUSE (Disesse or Injury	c	DUE TO (	OR AS A CONSE	OHENCE O	E).	_			-					
that initiated events resulting in deeth) LAST					, ,.								İ	
	d													
PART II. Other algolificent con-	ditions c	ontributing to	leeth but not i	reeulting	In the u	nderlying	ceuse give	en in P	Pert I.	24a. WAS AP PERFO			WERE AUTOPSY FINDINGS.	
					_				_	1 TYES			COMPLETION OF CAUSE OF DEATH?	
												- 1	1 YES 2 NO	
DID TOBACCO US	E COI	NTRIBUTE	TO CAUS	E OF	DEAT	H YE	S 🔲 1	NO						
25. WAS CASE REFERRED TO MEDIC EXAMINER?		OSPITAL:			OTHE		ACE OF DEAT	TH (Chec	ck only on	e)				
1 YES 2 JUNO		Impatient 2 🗆		□ DOA			5 🗆 Resid	dence 6	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending		28e. DATE OF I (Month, De		28b. TIM	E OF JURY	28c, INJI WO	RK?		28d. OES	CRIBE HOW	INJURY OC	CURED		
1 Natural 5 Pending 2 Accident Investiga					M		'ES 2 N	-						
	ition									ATIONI (Cton of				
3 Suicide 8 Could n 4 Homicide determin	ot be	28e. PLACE Of building, a	INJURY — At ho tc. (Specify)	ome, ferm,	street, fac	tory, office			281, LOC	or Town, Stele	end Numbe	r or Aural Ad	oute Number,	
4 Homicide determine	ot be sed	building, s	tc. (Specify)						City	or Town, Stele	)		oute Number,	
4 Homicide determine	of be led PHYSICIAI	building, a	tc. (Specify)	eath occurr	ed at the	time, date	end place, en	nd due t	to the cau	or Town, Stele	inner as sta	ted.	oute Number,	
4 Homicide determine	ot be led PHYSICIAI	building, a	tc. (Specify)	eath occurr	ed at the	time, date	end place, en	nd due t	to the cau	or Town, Stele	nner as ste	ited. he cause(e)	and manner as stated.	
4 Homicide determine  294. CERTIFIER (Check only one) 2 MEDICAL EX.  29b. SIGNATURE AND TITLE OF CERTIFYING	PHYSICIAN	building, a	te. (Specify)  ny knowledge, demination end/or	eath occum	ed at the	time, date opinion, de	end place, en eath occured 29c. LICENS	nd due to	City to the cau	or Town, Stete	nner as stand due to the	ited. he cause(e)	and manner as stated.	
290. CERTIFIER (Check only one) 2 MEDICAL EX.	PHYSICIAN AMINER: C	building, a building, a building, a building, a building, a building, a building building building building, a bui	te. (Specify)  ny knowledge, demination end/or	eath occum	ed at the	time, date opinion, de	end place, en eath occured 29c. LICENS	nd due to	City to the cau	or Town, Stete	nner as stand due to the	ited. he cause(e)	and manner as stated.	
29e. CERTIFIER (Check only one) 2 MEDICAL EX.  29b. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIE	PHYSICIAN AMINER: O	building, a building, a building, a building, a building, a building, a building building building building, a bui	te. (Specify)  my knowledge, de  mination end/or  Modern Architecture  E OF DEATH (ITE	eath occum	ed at the	time, date opinion, de	end place, en eath occured 29c. LICENS	nd due to	City to the cau	or Town, Stete	nner as stand due to the	ited. he cause(e)	and manner as stated.	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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or item 23 shows any injury or other traumatic event, the medical examiner must be notified at one
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	FOR STATE REGISTRAR	STATE OF M		DEPARTMEN RTIFICAT				MENTAL HYGIEI	IE .	2		
	1. DECEDENT'S NAME (First, Middle, Last)	DELL						2. DATE OF DEATH	g 9	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		6. AGE (in yra, last	birthday) IF UND	ER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH		6. BIFTHE	PLACE (State or Foreign	
	212-26-0409	1 🗆 M 2 🗶 F	92	YRS. MONTHS	DAYS	HOURS	MIN.	Nov 30,	1901	Ita	aly	
	ee. FACILITY NAME (If not institution, give	street and number)		9b. CIT	TY, TOWN O	R LOCATIO	N OF DE	ATH	9c. COUN	TY OF DE	ATH	
l a	Carroll County	estm:	inst	er		Car	rol	1				
DIRECTOR	RESIDENCE OF DECEDENT	v		10c, CITY, TOWN	OR LOCATI	ON .				-	10d. INSIDE CITY	
<u>=</u>	10-10-10-10-10-10-10-10-10-10-10-10-10-1	arroll					or				LIMITS?	
15	1234 Washingto		2115	7		U.S		HAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	IED 13				IIC ORIGIN? (Specify Ye			- American Indian			
E	1 Never Merried 2 Merried	1		city Cuben		n, Puerto Rican, etc.)		Black, Specifi	- American Indian, White, etc.			
ВУ	3 Widowed 4 Divorced				X				орчон	white		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	18e. DEC (G/A	EDENT'S USUAL we kind of work done Do NOT use retired.	OCCUPATIO	N I of working	,	16b, KIND OF St	SINESS/INDL	ISTRY		
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 8 +)										
E E	17. FATHER'S NAME (First, Middle, Last)		1	Iomemal	cer		A171771-1	n/a				
	Giusseppe	Piva				18. MOTH	ER'S NA	ME (First, Middle, Meide	Surname)			
BE		PIVA	1 405	MAN INO ADDRE	00.40	•						
2	190. INFORMANT'S NAME (Type/Print)  Gina Dalla Tezza  190. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  21157  903 Powder Horn Court, Westminster, MD											
	20a. METHOD OF DISPOSITION  1 Suriel 2 Cremetion 3 Ren  4 Donetion 6 Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LI	Pritto -	Loudo	er	Cen R NAME AN Prit 412	ete ADDRESS ts ]	ry s of FA Fun hin	eral Hom	. Wes	nore Chap	e, MD el nster, MI	
Tent, are moun	interval  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Bulling production  a. Bulling production of the condition of the c										Approximate Interval Between Onset and Death	
NO	Sequentially list conditions.	· Sops	is; (	ITI,	1	m	Hi	ulex	of the same	00		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Sept outro	OR AS A CONSEDU OR AS A CONSEDU OR AS A CONSEDU	JENCE OF):	pei Pe	loud pti	Ai	ulas	not not			
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Sept outro	OR AS A CONSEDU OR AS A CONSEDU OR AS A CONSEDU	JENCE OF):	Per Perindentying	LUL JOUL	Hi Lion Iven In	Pert 1. 24a. WAS A	Waltopsy .		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO ( c. DUE TO ( d. MANU  MASPITAL:	OR AS A CONSECUTION OR AS A CONSECUTION OF THE CONS	JENCE OF):  JENCE OF):  aulting in the company of t	26. PL	ACE OF DE	ATH (Ch	Pert 1. 24a. WAS AL PERFO 1 YES	NAUTOPSY RIMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WNO	b. DUE TO ( c. DUE TO ( d. TO	OR AS A CONSECUTION OF AS	JENCE OF):  JENCE OF):  JENCE OF):  OTHER	26. PLJ ER: ursing Home	ACE OF DE	ATH (Ch	Pert 1. 24a. WAS A PERFO 1 YES ack only one)	N AUTOPSY RMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   ONO  27. MANNER OF DEATH  1   Neturel   5   Pending	b. DUE TO ( c. DUE TO ( d. MANU  MASPITAL:	OR AS A CONSECUTOR OR AS A CONSECUTOR OF A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECU	JENCE OF):  JENCE OF):  aulting in the company of t	26. PLJ ER: ursing Home 26c. INJL WOT	NCE OF DE	ATH (Chi	Pert 1. 24a. WAS AL PERFO 1 YES	N AUTOPSY RMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WONO  27. MANNER OF DEATH	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSECUTOR OR AS A CONSECUTOR OF A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF AS A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECUTOR OF A CONSECU	DOA OTHE NUMBER OF INJURY	26. PLJ ER: ursing Home 28c. INJL WOF t Y	NCE OF DE	ATH (Chi	Pert 1. 24a. WAS A PERFO 1 YES ack only one)	N AUTOPSY RMED? 2 PL NO	URED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 3 NO	
ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WOO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident   Pending Investigation    3 Suicide   Could not be datermined	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSECUTION OF THE CONSE	DOA OTHE DE RIJURY M to, form, atreet, fa	28. PLER: ursing Home 28c. INJU WOF t Y VCtory, office	ACE OF DE  5	ATH (Chi	Part 1. 24a. WAS AL PERFO 1 YES Sch only one)  8 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY RMED? 2 PL 910  INJURY OCCI end Number of	URED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WOO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident   Pending Investigation    3 Suicide   Could not be datermined	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSECUTION OF THE CONSE	DOA OTHE DE RIJURY M to, form, atreet, fa	28. PLER: ursing Home 28c. INJU WOF t Y VCtory, office	ACE OF DE  5	ATH (Choldence NO	Part I. 24a, WAS AI PERFO  1 YES  1 YES  28d, DESCRIBE HOW  28f, LOCATION (Street City or Town, State to the cause(e) and mit time, date and place, a	NAUTOPSY RMED? 2 MINO INJURY Occi and Number of	URED or Rural Ro d. cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	

FREIDI 542 WASH

22. REGISTRAY'S SIGNATURE

31. DATE FILED (Month, Day, Year)

Rd



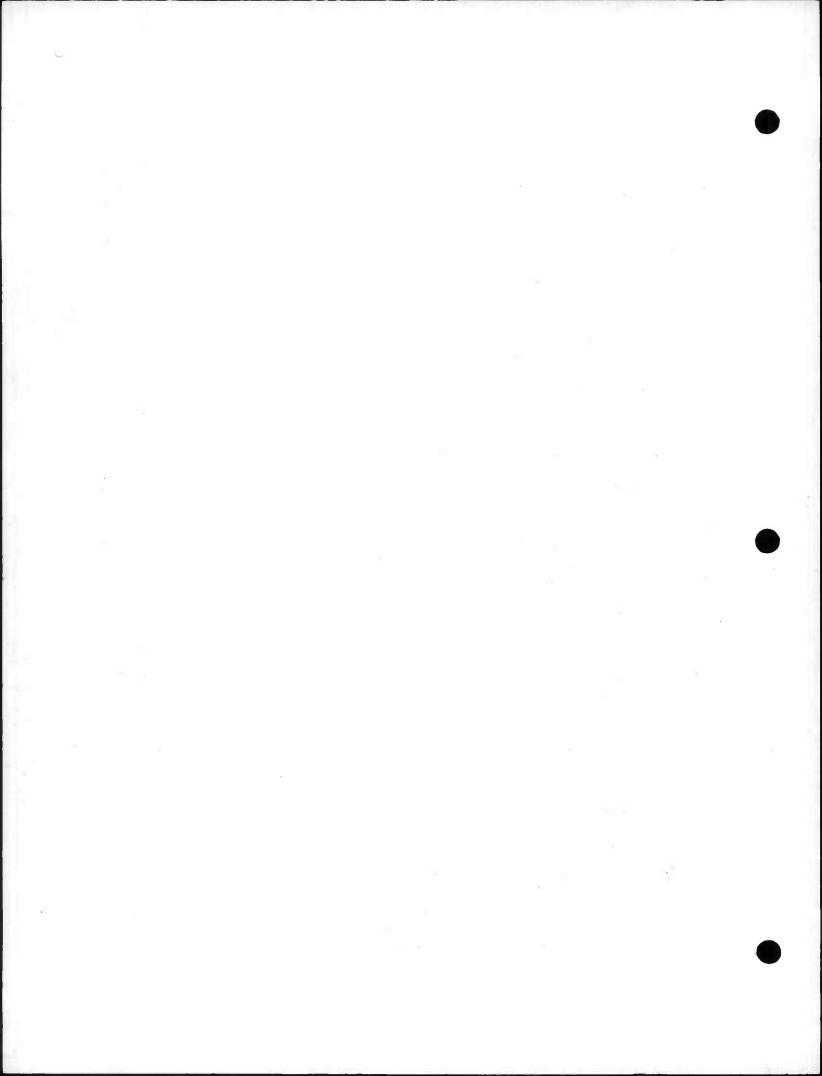
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-00
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending to	be retained by the hospital or attending I
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the last flued within 72 hours after death with the State Deut, of Health and Mental Hydiere prior to burial, cremation, or removal.	ge 5 should be detached for use as the
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAND /		IENT OF H		MENTAL HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH			3. TIME OF DEATH	
	Brian H. Daisey					July 1		YEAR 1994	3:35 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign	
	216-46-6409 1X M 2	- T	2 YRS.			April 24,1			Maryland	
oc.	Se. FACILITY NAME (If not institution, give street and numb	per)	100		R LOCATION OF OR	EATH	9c. COUNTY OF DEATH			
<u>ō</u>	37 Challenger Ct.		W.	alkers	ville		Fred	lerio	k	
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY, TO	DWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
									T TES 2 NO	
AAL	10e. STREET AND NUMBER			ZIP CODE		10g. CITI	ZEN OF V	THAT COUNTRY?		
FUNERAL	37 Challenger Ct.	CEDENT EVER IN U.Ş. AR	***		793		U.S.			
BY	1 Never Merried 2 Married 12. Was DE FORCES IF YES,	MED IO	if yes, spe		IIC ORIGIN? (Specify Ver n, Puerto Ricen, etc.)	or No—	14. RACE Black Speci	- American Indian, t, White, etc. ly: White		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, OE	CEDENT'S USL	JAL OCCUPATIO	N	16b. KIND OF BU	SINESS/INE	USTRY	Milec	
H.	Elementary/Secondary (0-12) College (1-	life	Do NOT use re	done during mod tired.)	at of working					
MPI	4	Acc	countai	nt		Account	ing			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Preston J. Daisey  190. INFORMANT'S NAME (Type/Print)					Meikle				
9						Poute Number, City or Tow				
	Cynthia J. Hamilton 200. METHOD OF DISPOSITION			nsingto		Tagerstown	MD CATION —			
	1 Burial 2X Cremation 3 Removal from St. 4 Donation 5 Other (Specify)	cemetery, cree	matory or other	Cremat	neo	1994 Smi				
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	)	55416	22. NAME AN	D ADDRESS OF FA	CILITYStauffe	r Fun	eral	Home	
	I STATE								, MD 21702	
	23. PART I. Enter the diseases, or complication	ne that caused the de	ath. Do not						Approximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Oue TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions  b. Vival Gas two enter it is									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. VIVAL (52.5 tro ander, fr. 5)  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
PHYSICIAN: MEDICAL (	PART II. Other significent conditions contribut	ing to death but not n	eculting in t	he underlying	ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
X	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER?  1 VES 2 NO 1 Inpatte	AL: nt 2 - ER/Outpetlant 3		THER:  Nursing Hom	5 🗆 Residence	6 Other (Specify)				
ВУ РНУ		ATE OF INJURY lonth, Day, Year)	28b. TIME OF		RK7	28d. DEŞCRIBE HOW	NJURY OC	CURED		
0	3 Sulcide 200 11 28e. Pi	ACE OF INJURY — At houlding, etc. (Specify)	me, farm, stree	et, factory, office		281. LOCATION (Street City or Town, State)	and Number	or Rural F	loute Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the back								) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	) Attenti	ng Phy	15. Gar	29c. LICENSE NUI	ABER 20	29d. DAT	F SIGNED	(Month, Day, Year) 7 - 9 Y	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	alzers VI	110	me	2179	3				
	JUL 2 0 1994	GUTRAR'S SIGNATURE	Rendall							

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TO THE HOSPITAL OH AT LENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: if Item 28 is marked or Item 22 shows any injury or other traumatic awant the madical avantage must be autified at another
2	2	8	2

	REGISTRAR			ERTIFI	VALL			REG.	NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)			-				2. DATE OF CEAT			3. TIME OF DEATH			
	Harry	Fra	nklin		DAN	INER	JR	July 2	3. 19	994	10:20p M			
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. la	st birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRT	HPLACE (State or Foreign			
	215-20-7798	1 🔯 M 2 🗌 F	68	YRS.	MONTHS	DAYS	HOURS MIN.	July 5,	ľ926	Mai	ryland			
	9e. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					_				
K	Frederick Memoria	al Hospita	a1		Frederick Frederick					ick				
DIRECTOR	RESIDENCE OF DECEDENT													
2	10a. STATE 10b. COUNT	•				OR LOCAT					10d. INSIDE CITY LIMITS?			
<u> </u>		derick		F	red	eric	k				1 X YES 2 NO			
₹	10a. STREET AND NUMBER					101	. ZIP CODE		10g. CI		WHAT COUNTRY?			
삘	208 Washington S	treet					21701			U.S	.A.			
FUNERAL	11. MARITAL STATUS	EVER IN U.S. AF	RMED			ENDENT OF HISPAN			14. RAC	E — American Indian,				
BY	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	World		110			ecify Cuban, Mexica 2 NO Specify		.)	Spec				
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1	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use	,			D.	1	- C				
2	12			Maste:	r Ca	irpei					nstruction			
8	17. FATHER'S NAME (First, Middle, Last)	elia D	ANINTED	C.				ME (First, Middle, Ma	,		OT TEMANT			
BE	Harry Frank	CIII L	ANNER	S			Bertie		nche		OLEMAN			
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Doris Lee Sh	nipe					nd Number or Aurel I				inia 25425			
	20a. METHOD OF DISPOSITION  1X Burlel 2 Cremation 3 Rem	mmi irom State		AND DATEO			me of	OATE 20	LOCATION -	- City or To	own, State			
	4 Donation 5 Other (Specify)	Ovar Holli State	Mount	OIiV	et C	Cemet	tery 7/2	27/94 F	rederi	ck, I	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	ID ADDRESS OF FA	CILITY						
	Keeney & Basford P.A. Funeral Home 106 East Church St. Frederick, MD 21701  23. PART I. Enter the seeses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate													
- 1	23. PART I. Enter the seasea, or ehock, or haert fellure.	complications that	caused the de	eath. Do no	ot anter	the mo	de of dying, auc	h aa cardiac or i	eapiratory a	rreat,	Approximate			
	IMMEDIATE CAUSE (Finel	List only one ceus	e on eech line	0.							Interval Between Onset and Death			
	diagona on condition	Arterio	sclerot	ic Ca	ardi	ดงลร	cular Di	sease						
	reading in death)		OR AS A CONSE			OVG	CULUI DI	БССС						
z		h												
2	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	QUENCE OF	):									
_ 1	cause. Enter UNDERLYING													
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury													
IFICAT	that initiated eventa	c. DUE TO (C	OR AS A CONSE	resulting in death) LAST										
ERTIFICAT	that initiated eventa	c	OR AS A CONSE											
CERTIFICATION	that initiated eventa resulting in death) LAST	d		se culting is	a the un	a do alcular		Deat Les un						
	that initiated events resulting in death) LAST  PART II. Other significent condition	d.	eeth but not		n the un	nderiyin	g cause given in	Part I. 24a. WA	S AN AUTOPS	7 248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
	that initiated eventa resulting in death) LAST	d.	eeth but not		n the un	nderiying	g cause given in	PE		7 248				
	that initiated events resulting in death) LAST  PART II. Other significent condition	d.	eeth but not		n the un	nderiying	g cause given in	PE	FORMED?	7 248	AMILABLE PRIOR TO COMPLETION OF CAUSE			
	that initiated events resulting in death) LAST  PART II. Other significent condition	d.	eeth but not		n the un	nderiying	g cause given in	PE	FORMED?	7 246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	that initiated events resulting in death) LAST  PART II. Other significent condition	d. secontributing to der – Toba	eeth but not	2		28. PL	g cause given in	1 N	FORMED?	7 248	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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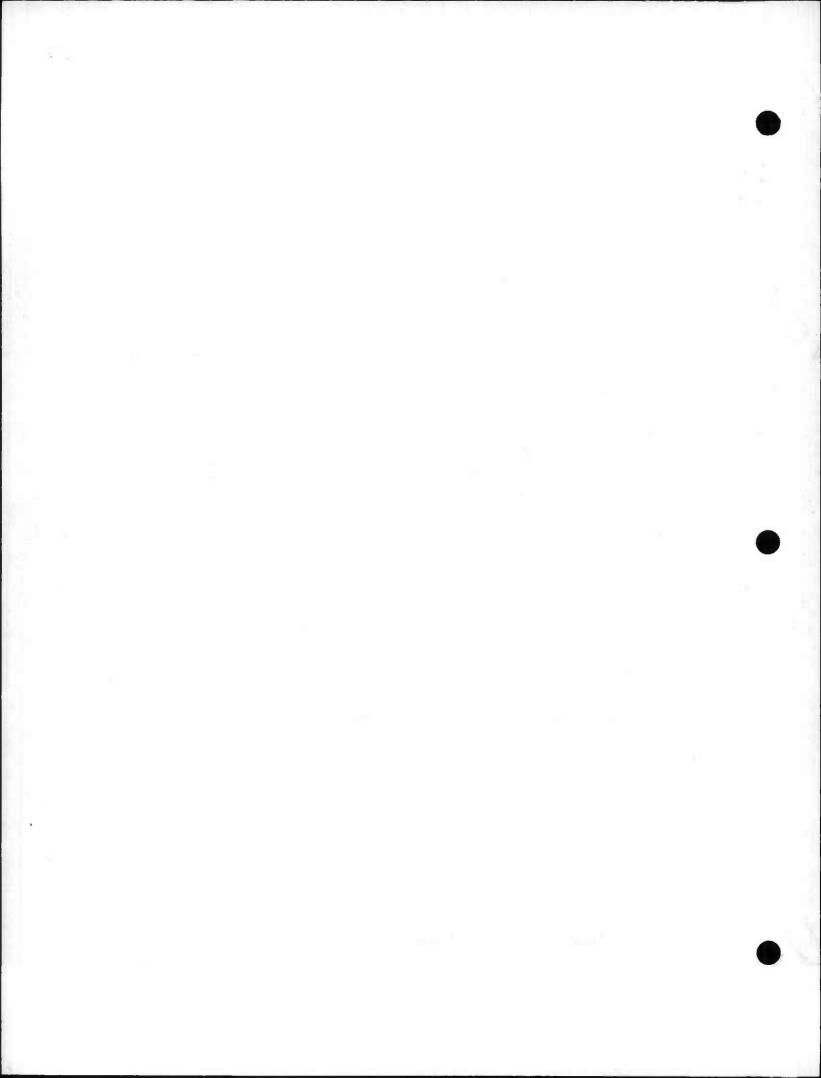


DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINIL OF F	CE		ICATE				MEN IA	REG. N			
Í	1. DECEDENT'S NAME (First, Middle, Last)	Doh	rmann						2. DAT	E OF DEATH	DAY 5	YEAR 94	3. TIME OF DEATH
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER		(Mor	E OF BIRTN		8. BIRTH	IPLACE (State or Foreign
	144 14 3932  Se. FACILITY NAME (If not institution, give s	1 M 2 F	89	YRS.	0) 0)77				May	15, 1	.905	New Details	York
DIRECTOR	Washington County		L	Hagerston			OWN				Washington		
٣ ا	10e. STATE 10b. COUNT	γ		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?			
		ington		Keedysville								1 VES 2 NO	
RAL	10e. STREET AND NUMBER			101. ZIP CODE 21756									WHAT COUNTRY?
FUNERAL	4013 Mills Road	IT EVER IN U.S. ARK	4FD	12 V	MAS DEC			IC OBIG	IN? (Specify Y	US		E American Indian.	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2 NO	0	1	1 yes, spe		, Mexican	n, Puerto	Rican, etc.)	ee or No.	Spec	k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Gh	ve kind of	USUAL OC	CUPATIO	N sl of working	9	16	b. KIND OF B	USINESS/II	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// // // // // // // // /		se retired.) Ltres	9				Re	estau	rant	
OM I	17. FATNER'S NAME (First, Middle, Last)			- Mai	CLCD		18. MOTN	FR'S NAM	ME /First				
BEC	Joseph	Rac	Rachum  18. MOTNER'S NAME (First, Middle, Maiden Surname)  Juanita Meeks  19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						eks				
2	190. INFORMANT'S NAME (Type/Print) Craig Roberts		92	25 Ho	offma	ster	Roa	or Rural R	nox	ville,	Mar. State, 2	y land	21758
	20e. METNOD OF DISPOSITION  1 XBurtel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		Db.PLACE AND DATE OF DISPOSITION (Name of Variety Comments of Canal Taca)						Stanardsville, Va.			
	21. SIGNATURE OF FUNERAL SERVICE LIN		^										
	21. Signature of Funeral Service Licensee  Gerald N. Minnich 305 N. Potomac St.  Funeral Home Hagerstown, Maryland												
	ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)										Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other eignificent condition  Charic 0557	natic p	Monony e	Vision	w de	ue 1	S Ni	coti	alsm	24a. WAS A PERFI 1 YES		246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		IL TO CAU	JL C	· DLA		ACE OF DE			one)			
/SIC	1 VES 2 ND	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		s 5 🗆 Res	sidence	6 - Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATN  1 Netural 5 Pending	26e. DATE OF (Month, E		28b. TIN	IE OF JURY		RK?		28d. DI	SCRIBE NOW	INJURY O	CCURED	
BY	2 Accident Investigation	20. 01.000.1	NE IN ILIPIA	ma 4	M		ES 2	NO	861				
TED	3 Suicide 6 Could not be 4 Nomicide determined		OF INJURY — At hor , etc. (Specify)	110, TB/M,	screet, facto	ory, office				CATION (Stree y or Town, Stat		er or Rural i	Houte Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS												e) and manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICE				_		(Month, Day, Year)
) BE	KZ	Kuple	- mo				D	26	55	79	▶ '	7/16/	54
٥	30. NAME AND ADDRESS OF PERSON WE	O COMPL D CAU			Print)	lane	- /	K	ced	sville	n	12	21756
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	A.	7								



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

Amended #17, WCHD 7/14/94 mpt
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		OWNE OF I	C	ERTIF	ICATE O	F DEATH	MENTA	REG. NO	_			
1. DECEDENT'S NAME (First	Middle, Last)							OF DEATH		1	3. TIME OF DEA	ATH
Dorene			DeShi	elds			July		0, 19	94	10:30	Ам
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	-	OF BIRTN	-		PLACE (State or I	
220-28-056	51	1 🗌 M 2 🔀 F	68	YRS.	MONTHS DAY	8 HOURS MIN.	Septe	mber 19	, 1925	Country		
9e. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COUN	TY OF DE	ATH	
Salisbury N	ursing	& Rehab	. Cente	er	Sali	sbury			Wie	comi	co	
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CIT	Y
MD	Wid	comico		Sa	alisbur	У					LIMITS?	I NO
100. STREET AND NUMBER 1004 Phillip	os Aveni	Je .				101. ZIP CODE 21801			10g. CITIZ		S. A.	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Merried	12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W	YES 24	RMED ND	If yes,	DECENDENT OF HISPA apocity Cuban, Mexic (ES 2) NO Spec	en, Puerto I		or No-	14. RACE Black, Specify	- American Ind White, etc.	
15. DEC	EDENT'S EDUCA	TION	16a, C	ECEDENT'S	USUAL OCCUP	ATION	16b	. KIND OF BU	SINESS/INDI	STRY		
Elementary/Secondary (0		College (1-4 or 5 +	.)	'Give kind of a fe. Do NOT us	work done during se retired.)	most of working						
12		Unknown		Domes	tic		1	Domest	ıc			3
17, FATHER'S NAME (First, M		Donal	d Gre	PPN		Julia			Sumame)			
19a. INFORMANT'S NAME (7		001100			ADDRESS (Stre	et and Number or Rura		4	n. Stete. Zio (	Codel		
Sandra Milbo	ourne			1004	Phillip	s Avenue	- Sa.	lisbur	y, MD	21	801	
20a, METHOD OF DISPOSIT					OF DISPOSITION		DAT	E 20c. LO	CATION - C	ity or Tov	vn, State	
1 XBuriel 2 Crematic		al from State	John 1	Nesle	y Cemet	ery	77/	16 We	stove	r, M	aryland	£
21. SIGNATURE OF FUNERA	L SERVICE LICE	VSEE				AND ADDRESS OF F	ACILITY	Fooks	Fune	ral	Service	2
Hume	11/4	1-14	len		917 V	. Isabel	la St					
23. PART . Enter the d	Iseases, or co	mplications that	coused the	leath. Do r	not enter the	mode of dying, su	ch se care	disc or respi	ratory erre	st,	Approxin	nate
Shock, or h  IMMEDIATE CAUSE (Fir  disesse or condition	esrt failure. Li	at only one cau	se on each lir	10.	- 1						Onset en	Between
resulting in death)	<b>→</b> s.	10-	ral	1a	deer						530	027
		DOE 10	OR AS A CONS	FOUENCE OF	<b>*</b> ):						10-	
Sequentially list conditi		DUE TO	OR AS A CONS	EQUENCE O	គ:						135	7.
If sny, leading to imme- cause. Enter UNDERLY		100		0	10%	unto	60-				1/1	
CAUSE (Disesse or inju	iry C.	DUE TO	OR AS A CONS	EQUENCE O	P: 7	000	6	000			177	-
resulting in death) LAS	T d.		Cdl	0							1500	
DADT II. Other elemities											1	
PART II. Other significs	int conditions	contributing to	deeth but not	resulting	in the underly	ing cause given in	n Part I.	24a. WAS AN PERFOR			WERE AUTOPSY	R TO
							_	1 - YES 2	NO		COMPLETION OF OF DEATH?	CAUSE
											1   YES 2	NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:	PLACE OF DEATH (C						
1 YES 2 NO	1	Inpatient 2				lome 8 - Residence						
1 Natural 5	Pending	28a. DATE DF (Month, De	ny, Ybar)	28b. TIM	JURY	INJURY AT WORK?  YES 2 NO	28d. DES	SCRIBE HOW I	NJURY OCCI	JRED		
a C autota	Investigation Could not be	28e. PLACE O	F INJURY — At I	nome, farm,	street, factory, o	ffice	28f, LOC	ATION (Street	and Number of	or Runal Ro	oute Number,	
	determined	building,	etc. (Specify)				City	or Town, State)				(1)
29a. CERTIFIER	IFYING PHYSICI	AN: To the heat of	my knowledge o	lasth coour	and at the time of	lete end place, and du	o to the en					
anni.						n, death occured at th					end manner se	stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	10				29c. LICENSE N	JMBER	1	29d. DATE	SIGNED	(Month, Day, Year	)
11/	NY	1				029	349	3	<b>&gt;</b> >	///	51	
30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT	ЕМ 27) (Туре	, Print)				-/	7	7	
W: 11. cm	Rob	ins	Y, D	11	oy He	alth 4	INV	DR.	SAI	1:5	641	1. 16
31. DATE FILED (MOOTH, Day	4 1994	Julia d	R'S SIGNATURE	robally								

DHMH-18 Rev 1/89

na Balifaka ka 10 km 10

### Ada DeBuhr

	FOR
1	STATE
	REGISTRAR

			UE	5K     F	CATE	OF DEA	TH		REG. NO.			
1. DECEDENT'S NAME (Firs	t, Middle, Last)							2. DATE O	F DEATH			3. TIME OF DEATH
ADA		MARIE			DEBUH	R		Jul	Ly Ö	9,1	994	4:00 a
4. SOCIAL SECURITY NUM		- 1	GE (In yrs. las	t birthday)	IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF (Month,				PLACE (State or Foreign
578-07-078	-	1 M 2 K F	77	YRS.	mon mo	unia Hoons			ber 27	, 1916		nnsylvani
9a. FACILITY NAME (If not in	nstitution, give str	eet end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH	
Salisbury N		& Rehab.	Cente:	r	Sa	lisbury				W.	icomi	.co
RESIDENCE OF DE	10b. COUNTY			100 000	, TOWN OR	LOGATION						
Maryland		comico										10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		COMICO			Salis	<del></del>						1 XYES 2 NO
821 Camden						101. ZIP COD					USA	HAT COUNTRY?
11. MARITAL STATUS	Ave.	12. WAS DECEDENT EVE	R IN U.S. AR	MED	12 W	AS DECEMBENT		HC OBIOINS	(Parath, Mar			— American Indian,
1 Never Married 2	Married	FORCES? 1 Y	ES 2KA		H :	yes, specify Cubi	n, Mexica	n, Puerto Ric		OF 140	Black,	White, etc.
3 🔀 Widowed 4 🗌 Divi	proed	IF TES, GIVE WANT OF	DATES		11	YES 2 NO	Specin	γ:			Specify Whi	
	EDENT'S EDUC				USUAL OCC			16b. K	IND OF BUS	HNESS/INI		
Elementary/Secondary (		College (1-4 or 5+)	M/o.	Do NOT us	e retired.)	ring most of work	ng					
12		2		lerk				U	.S. G	over	nment	-
17. FATHER'S NAME (First, A	Hiddle, Lest)					16. MOT	HER'S NA	ME (First, Mic	idle, Maiden .	Surname)		
Louis (un	k) We	eeber					Ada		Unkno	wn		
19a. INFORMANT'S NAME (			191	b. MAILING	ADDRESS (	Street and Numbe	r or Rural I	Route Number	City or Town	, State, Zij	p Code)	
Ann D. Du				901	Camd	en Ave.	, Sa	lisbu	ry, M	D 21	108	
20a. METHOD OF DISPOSIT		val from State	20b. PLACE A	AND DATE O	F DISPOSIT	ION (Name of		DATE	20c. LO	CATION —	City or Tow	rn, State
4 Donation 5 Other			Salísb	ury	Crema	tory	_		Sa	lisb	ury,	MD
21. SIGNATURE OF FUNERO	AL SERVICE LICE	INSEE			22. N/ H	olloway	Fun	eral	Home			
120	n. K	el lowa		->						isbu	ry, N	4D 21801
23. FART J. Enter the d	isesses, or co	emplications that out	ed the de	ath. Do n								Approximats
MINEDIATE CAUSE (FI		ist only one cadse of	n esch line									Interval Betwee
disesse or condition resulting in desth)	→ .	(erek		100	li-							1/
1 resulting in destiny		DUE TO (OR A	S A CONSEC	DUENCE OF	):							1 2200
nullierne out money a		MI	. 0-	-61								5
II Compositelly list condit	tone b	Len										2000
Sequentially list condit if any, leading to imme	diate	DUE TO (OR A	S A CONSEC	DUENCE OF	7:							Same
	diate ING	De	kno	DUENCE OF	is Con							Gyes.
if any, leading to imme cause. Enter UNDERLY	diate ING ary c	DUE TO (OR A	kno	QUENCE OF	is Con							6yes
if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING ary c	De	kno	QUENCE OF	): ( ):							6712.
if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING cury	DUE TO (OR A	S A CONSEC	DUENCE OF	():	erlying cause	given in	Part i. 2	4a. WAS AN			GAZ.  WERE AUTOPSY FINDRING
If sny, leading to imme cause. Enter UNDERING CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING cury	DUE TO (OR A	S A CONSEC	DUENCE OF	():	erlying cause	given in		PERFOR	MED?	100	AMAILABLE PRIOR TO COMPLETION OF CAUSE
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if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other significates and the cause of th	of MEDICAL  Pending investigation	DUE TO (eR A  Contributing to deat  Contributing to deat  HOSPITAL:    Inpatient 2 = ER/C   ZBa. DATE OF INJUI (Month, Day, Yee   ZBa. PLACE OF INJUI	h but not r hutpetient 3	DOA 28b. TIMI	OTHER:	. 28. PLACE OF E ng Home 5 □ R 8c. INJURY AT WORK? 1 □ YES 2 [	DEATH (Chi	8 Other (:	PERFOR	MED?	CURED	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 D NO
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if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inject that initiated events resulting in death) LAS  PART II. Other significations of the cause o	on MEDICAL  Pending investigation  Could not be determined	DUE TO (eR A  Contributing to deat  HOSPITAL:    Inpatient 2   ER/C    28a. DATE OF INJUI   (Month, Day, Yea    28a. PLACE OF INJUI   building, etc. (5)	h but not r hutpetlent 3  YY  JRY — At hoopedly)	DOA 28b. TIMM INJ	OTT JETS:  1 Number  2 URIY  M  A the timet, factor	28. PLACE OF E	DEATH (Chi	eck only one) 6 Other (1) 28d, DESCI 28f, LOCAT City or	PERFOR  VES 2  Specify)  ION (Street e Town, Stete)	MED?	ccured  or or Rural Ru	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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neatth and mental hygiene prior to burial, cremation, or re-	ows any injury, or other traumatic event, the medical examiner must be notified
4	6
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31. DATE FILED (Month, JUL 2 2

1994

							9	4 2	2681		
	REGISTRAR	STATE OF MARYLAND /	DEPARTM ERTIFICA	ENT OF H	HEALTH AND	MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	D. I T		To		2. DATE OF DEATH MONTH D	AY J	YEAR 3. T	TIME OF DEATH		
		Paul D. SEX 6. AGE (In yrs. In:	EAR	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	20,	94	O ISM		
	099-46-3139	XM 2 □ F 39		NTHS DAYS	HOURS MIN.	June 1,	1955 New York				
_	9a. FACILITY NAME (If not institution, give street	t and number)	9b.	CITY, TOWN		COUNTY OF DEATH					
DIRECTOR	Holy Cross Hos	spital		Silver	Spring		Mont	gomer	У		
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	TION			10d	. INSIDE CITY		
		gomery	Silv	er Spr				1 🗆	YES 2 NO		
FUNERAL	10a. STREET AND NUMBER			101	f. ZIP CODE		1	EN OF WHAT	COUNTRY?		
JNE	3607 Kayson Stre	P. C. WAS DECEDENT EVER IN U.S. AF	MED	13 WAS DEC	2090	) () NIC ORIGIN? (Specify Yes		S.A.			
	1 Never Married 2 X Merried	FORCES? 1 YES 2 X	NO	If yes, sp		n, Puerto Rican, etc.)	or No.—	I4. RACE — A Black, Whi Specify:	imerican Indian, ita, etc.		
р ву	3 Widowed 4 Divorced			1.					lack		
ETE	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (G	ECEDENT'S USU live kind of work . Do NOT use ret	done during mo	est of working	16b. KIND OF BU	BINESS/INDU	STRY			
IPL	Elementary/secondary (U-12)	2011ege (1-4 or 5+)	curity	Secu	ırity	County	Gover	nment			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden		IIIICIIC			
BE		an, Sr.			Gloria		ake				
2	194. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
	Jacqueline T. Dean 3607 Kayson Street, Silver Spring, Maryland 20906  206. METHOD OF DISPOSITION  206. PLACE AND DATE OF DISPOSITION (Name of DATE 206. LOCATION — City or Town, State										
- 6	20b. PLACE AND DATE Of DISPOSITION   DATE   1										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /		22. NAME AN	ND ADDRESS OF FA	CILITY					
- 1	- (Marie)	Gr. Cirle		500 UN	IVERSITY	LINS FUNER BLVD., W.	AL HO	ME, II	NC. , MD 2090		
	23. PART I. Enter the diseases, or com	pilications that caused the date only one cause on each line	ath. Do not e	entar the mo	da of dying, suc	h aa cardlac or respi	ratory arre	nt,	Approximata		
	iMMEDIATE CAUSE (Final disease or condition	C -1			1	į	interval Batween Onset and Daath				
	resulting in death)	DUE TO (OR AS A CONSE		Lab	re	Hmon	hos	` '			
7		DOE TO (OH AS A CONSE	OUENCE OF):								
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):								
S	CAUSE (Disease or injury	B115 mg / B1 / B / B / B / B / B / B / B / B /									
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):					1			
2	DART II Other elevitions and Male										
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to death but not r	esulting in th	ne underlying	g cause given in	Part i. 24a. WAS AN PERFOR		AMAIL	E AUTOPSY FINDINGS LABLE PRIOR TO		
EDI						1 _ YES 2	□ NO	OF D	PLETION OF CAUSE DEATH?		
Y						- 1		1 0	YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	eck only one)					
YSI	i XES 2 □ NO	Inpatient 2 - ER/Outpatient 3	DOA 4		e 5 🗆 Residence	8 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WO	RK?	28d, DESCRIBE HOW II	JURY OCCU	RED			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At ho			rES 2 NO	26f. LOCATION (Street e	and Number or	Rural Bruda i	Number		
딢	3 Suicide 6 Could not be determined	building, etc. (Specify)		,		City or Town, State)	TO MOTION OF	neral node )	various,		
COMPLET	29e. CERTIFIER (Check only	t: To the best of my knowledge, de	ath occurred at	the time, date	end place, end due	to the cause(e) end man	ner ee stated				
OM	CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.										
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM		29d, DATE S	SIGNED (Mont	th, Day, Year)		
0	30, NAME AND ADDRESS OF PERSON WHO CO	Jane of the	<u> </u>		Dos	3546	> 7	aly	20 94.		

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sura Dayldon Hambers

8218

WIS CONSIN

DHMH-16 Rev 1/89

The state of the s

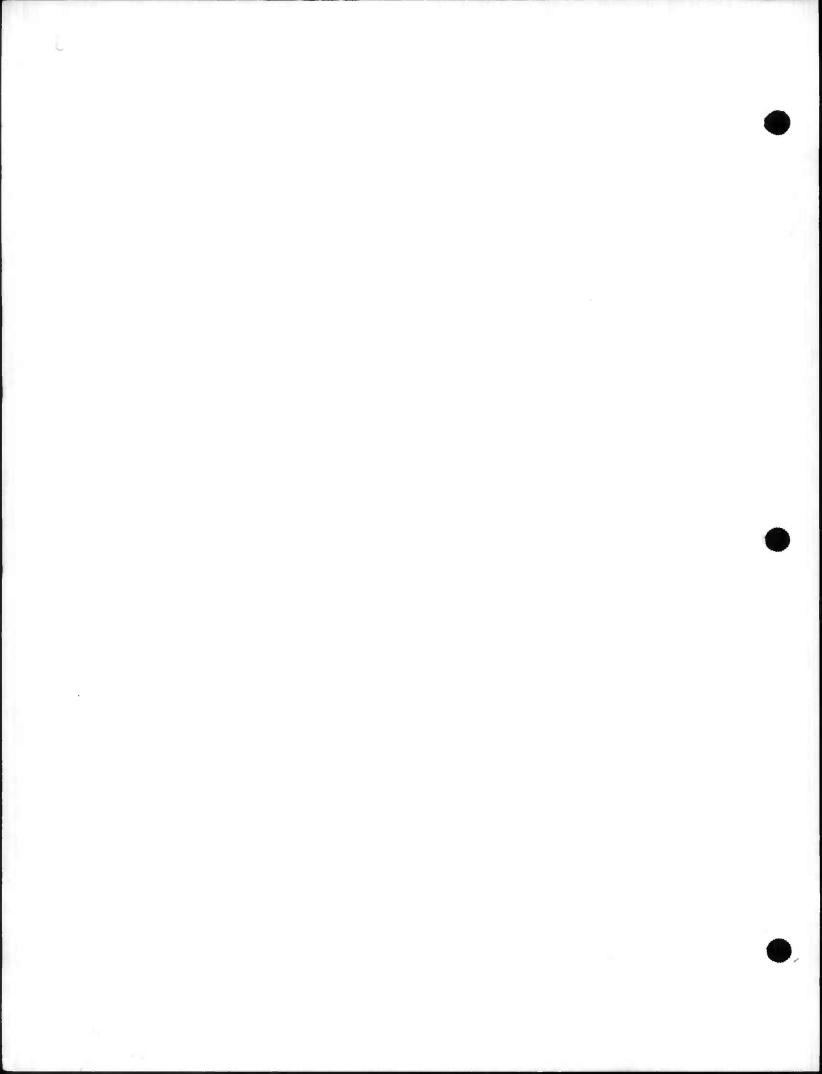
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
1	STATE
۰	REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	10.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEATN			3. TIME OF DEATH
	Clyde Brown Dodson					July 1	6, 19	994	3:20 a M
		SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 1		PLACE (State or Foreign
	215-72-8241	X M 2 D F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Counti	y)
	213-72-0241		/3			Sept. 19			
	9s. FACILITY NAME (If not institution, give street	end number)	15		OR LOCATION OF OE	ATN	9c. COU	NTY OF O	EATN
6	Collingswood Nursin	ng Home		Rockv	ille		Mor	ntgon	nery
5	RESIDENCE OF DECEDENT								
뿐	10e. STATE 10b. COUNTY			TOWN OR LOCA					10d, INSIOE CITY LIMITS?
۵	Maryland Montgon	nery	Ga:	ithersb	urg				1 TES 2 X NO
4	10e. STREET AND NUMBER			10	, ZIP COOE		10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	4 O'Neil Drive Apt.	#4			20879		υ.	S.A.	
3		WAS DECEDENT EVER			ENDENT OF HISPAN		_	14. RACI	E — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES			ecity Cuban, Mexican 2 (XINO Specify			Spec	k, White, etc.
B	3 Widowed 4 Divorced			1 1210	- Larito openiy	•		, ,,,,,	White
	15. DECEOENT'S EOUCATION		18e. OECEOENT'S U	SUAL OCCUPATE	ON	16b. KINO OF	BUSINESS/IN	OUSTRY	
COMPLETED	(Specify only highest grade com		(Give kind of wo	ork done during mo retired.)	as of working				
7	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	salesman	3		Saw M			
2	17. FATNER'S NAME (First, Middle, Last)		Salesman	.1		ME (First, Middle, Meid			
8					10 000000000000000000000000000000000000			-	
8	Walter Dodson					roline W			
0	19e. INFORMANT'S NAME (Type/Print)		A CONTRACTOR INCOME.		and Number or Rural F				
-	Mabel Virginia Reed		4 0'Ne:	il Driv	e Apt. #4	, Gaithe	rsburg	g, MI	20879
	20a. METNOD OF OISPOSITION 1 ☐ Burlel 2 ☒ Cremation 3 ☐ Removal	2	Ob. PLACE OF DISPOSI other place)	TION (Name of ce	metery, crematory or	20c.	LOCATION -	- City or To	own, State
	4 Donation 8 Other (Specify)	M	etropolita	an Crem	atory 7/	19/94 A1	exandi	ria.	VA
_	21. GIGNATURE OF FUNERAL SERVICE LICENS			22. NAME A	NO AODRESS OF FA	DeVol	Fune	ral I	Home
	► Mu. l. (	11) (:	0.1	10 Ea	st Deer I	Park Driv	e		
	- Coast	6-04	and is						
	23. PART I. Enter the diseesee, or com shock, or heert failure. List			ot enter the mo	ode of dying, auci	h ea cerdiec or re	apiratory ar	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	,							Onset and Death
	disease or condition	POSSI	BLE	ASPIRI	ATION	RESULTIN	6 11		I DAY
	treating in death)	OUE TO OR AS	A CONSEQUENCE OF	ΔΩ	REST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
z		KE	SLIKHIOK	j riik	E31				
0	Sequentially list conditiona, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF	:					
¥	ceuse. Enter UNDERLYING								
F	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS	A CONSEQUENCE OF	:					1
E	resulting in death) LAST								1
CERTIFICATION	d								
	PART II. Other algnificant conditions c	ontributing to death	but not reaulting in	the underlyin	g cause given in		AN AUTOPSY FORMED?	241	b. WERE AUTOPSY FINDINGS
DICAL	SIP CEREBROVE	ASCULAR	ACCIDEN	T			2 X NO		COMPLETION OF CAUSE
				•			- 20		OF DEATH?
2		ANCER				- 1			1 TYES 2 NO
PHYSICIAN: ME	ATRIAL FIBR	JULA TION			LACE OF OEATH (Ch	anti anti arri			
ᅙ	EXAMINER?	OSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)			
YS		☐ Inpatient 2 ☐ ER/O:			me 8 - Residence				
H	27. MANNER OF OEATN	(Month, Day, Year	Y 28b. TIME	JRY W	JURY AT ORK?	28d. DESCRIBE HO	W INJURY O	CCURED	
ВУ	1 X Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, farm, si	reet, factory, offi	ce	281. LOCATION (Str City or Town, S		er or Rural	Route Number,
COMPLETED	4 Homicide determined	ICHGOMESO S							
Ä	29e. CERTIFIER 1 K CERTIFYING PHYSICIAL	N: To the best of my kne	owledge, death occurre	d at the time, dat	e end place, and due	to the cause(e) and	manner ee st	sted.	
M	(Check only one) 2 MEOICAL EXAMINER: (								(a) and manner as stated.
00				of our ord					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DA		D (Month, Day, Year)
	Man M.I				D 359	41		7.19	7.94.
٩	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)					
	Puran Mather, M.D.	50 W. Edi	monston Di	. Suite	e #504, R	ockville	, MD 2	20852	2
		50 W. Edi		. Suite	e #504, R	ockville	, MD 2	20852	2





FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICAT	E OF	DEAT	'H		R	EG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)							_	2. DA	TE OF E		MY	VEAR	3. TIME OF DEAT	TH
	Je	ean Lester	r Duffey	7					Ju	ly :	17,	1994	YEAR	8:30	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDE		IF UNDER		7, DAT	TE OF B	HTRI		0. BIRTH	HPLACE (State or Fo	reign
	578-12-0623  9a. FACILITY NAME (If not institution, give s	1 M 2 SF	76	YRS.	MONTHS	DAYS	HOURS	MIN,	Jai			1918		Virginia	
TOR	4700 Waverly Ave	,			1		ett F		EATH				ntgoi		
Signal Signal	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	<u> </u>		10c CIT	Y, TOWN	OR LOCAT	ion.							10d, INSIDE CITY	
DIR.		tgomery					Par	k						LIMITS?	
FUNERAL DIRECTOR	100. STREET AND NUMBER 4700 Waverly A	venue				101	ZIP CODE	0896						WHAT COUNTRY? States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 XN			If yes, sp	ENDENT Of	ı, Mexica	n, Puerl	GIN? (Sp io Rican	ecify Ye	-	14. RACI	E — American Indik, White, atc.	en,
	15. DECEDENT'S EDU	CATION	16a DE	TENENT'S	USUAL O	CCUBATIC	M.			Sh VIN	D OF BU	SINESS/INI	DUCTON	White	
I	(Specify only highest grade	completed)	(GI	ve kind of	work done se retired.)	during mo	st of working	g							
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)				ve A	ssis	tant		Hea	Ass	& Sc ociat	ient	ific	
Ö	17. FATHER'S NAME (First, Middle, Last)										, Meiden	Surname)			
BE	Robert Thomas Le	ster					Ell	en D	ouff	еу					
10	19a. INFORMANT'S NAME (Type/Print)											vn, Stata, Zij			
	Page Lester Mote		4	700	Wave	rly	Aven	ue,	Gar	ret	t P	ark,	MD	20896	-
	20a. METHOD OF DISPOSITION  1 ☑ Buriel: 2 ☐ Cremation: 3 ☐ Ram  4 ☐ Donation: 6 ☐ Other (Specify)	oval from State	20b. PLACE A cemetery, cree Mt. Co	natory or o	of DISPOS	SITION (Na	me of	/25	/94	ATE		exand:		wn, State Virgini	a
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1110. 0	JILL O.								ral H			-
	Rout 7	auch	MOO	198	Ro	bert 57 W	A. ethe	Pump sda-	hre Che	y F	Cha:	ral H se, I	nc.	20814-35	501
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	caused the de e on each line y Metas		not enter	the mo	ds of dyli	ng, suci	h ss ci	erdiac	or resp	iratory sr	rest,	Approximinterval B Onset and	ats atween i Death
	resulting in destin	41	OR AS A CONSEC												
z	Action and accounts to	Non Sma	all Celi	l Ana	apla	stic	Lung	Car	nce	r				4 mont	hs
	Sequentially list conditions, if sny, leading to immediate	DUE TO (C	OR AS A CONSEC	UENCE O	F):										-
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	30.40.4.00vere												
	that initiated events resulting in death) LAST	DOE 10 (C	OR AS A CONSEC	UENCE O	F):										
岗		d													
DICAL (	PART II. Other significant condition Chronic Lympho			suiting	in the u	nderiying	csuse g	lven in	Part I.		PERFO		24b	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C	TO
MED									_	1 [	YES :	2 🔯 NO		OF DEATH?	
~	DID TOBACCO USE C	CONTRIBUTE	TO CAUS	E OF	DEAT	H Y	ES 🗵	NO						1 163 2 1	•
M	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Che	eck only	one)		_			
S	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		o 5X Rea	eldence	6 🗆 Ot	her /So	ecf(v)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF III		28b. TIM	E OF	28c. INJ	JRY AT		_		-	INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	, resur j	IPIG	JURY M		RK? 'ES 2 [	NO							
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY - At horte. (Specify)	ne, farm,	streat, fac	tory, office					N (Street wn, State)		or Rumi F	Route Number,	
<u> </u>	29a. CERTIFIER			-5,016-1			Antica o								
COMPLETED	(Check only one) 2 MEDICAL EXAMINE													s) and manner as s	tated.
	296. SIGNATURE AND TITLE OF CERTIFIER			-			29c. LICE							(Month, Day, Year)	
H	E.W.	Libr	ف				NG.	9	47	0		1	JLV	10 10	20
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEN	1 27) (Type	n, Print)				( (			7	- 7	17, 19	7
	Eugene P. Libre,	M.D. 10	400 Con	, . , , ,		Ave	nue,	Ken	sin	gto	n, M	Maryl	and	20895	
	31. DATE FILED (Month, Day, Year)  JUL 2 0 1994	32, REGISTRAR	s signature	182											

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF N				F DEA		MENIA	REG. N			
1. DECEDENT'S NAME (First, Middle, Last							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
RO	BERTA BEL	LE DUNN							13 19		10: 57 P <sub>M</sub>
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs, lest bir		IF UNDER 1 YE		R 24 MRS.		OF BIRTH		8. BIRT	HPLACE (State or Foreign
579-38-9259	1 M 2 X F	84	YRS.	- DA	HOOMS	Milita.	July	31,	1909	Wasl	hington, D.C
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOV	VN OR LOCATI	ION OF D	EATH		9c. CO	UNTY OF	DEATH
Bethesda Naval	Hospital	500		Beth	esda				M	ontgo	omery
RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	TY	11	De CITY	TOWN OR LO	CATION						10d. INSIDE CITY
Maryland Mon	tgomery	1		ermant							LIMITS?
10e. STREET AND NUMBER	egomery		- 00	Linaire	10f. ZIP COD	F			10a C	TIZEN OF	WHAT COUNTRY?
20126 Club Hill	Drive			7:11	208	374					States
11. MARITAL STATUS		T EVER IN U.S. ARMED	D	13. WAS	DECENDENT (		NIC ORIGII	Y? (Specify '			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W			If yes	, specify Cubi YES 2 X NO	ın, Mexic	an, Puerto			Spec	E — American Indian, ok, White, etc. ohy: White
15. DECEDENT'S ED		16a. DECED	DENT'S U	SUAL OCCUP	ATION		168	. KIND OF E	SUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	He Do	NOT use	retired.)	most of world	ng					
12		Но	mema	aker					Но	me	
17. FATHER'S NAME (First, Middle, Last)			144		18. MOT	HER'S N	AME (First,	Middle, Maid	en Surname)		
	Rayston	Downs					Myı	rtle	May	Sti	11s
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILINO A	ADDRESS (Str	et and Numbe	r or Rural	Route Num	ber, City or 1	lown, State, 2	Zip Code)	
Sue Layman		691	.7 Ga	arrett	Road	, De	rwood	d, Ma	rylan	d 208	855
20a. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Re	moval from State	20b. PLACE AND cemetery, cremete	ani an ash	on placed		43	DAT		LOCATION -		
4 Donation 6 Other (Specify)		Arlingt	on l	Vation				20 Ar	lingt	on,	Virginia
21 SIGNATURE OF FUNERAL SERVICE I	JCENSEE	200		22. NAM	E AND ADDRE	SS OF F		DeVol	Fune	ral 1	Home
Miles	VA)-C	relle	W	10 F	Deer	Par					g, MD. 20877
23. PART I. Enter the diseases, or abook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cau	caused the death		t enter tha	mode of dy	ing, au	ch aa can	diac or rea	apiratory a	rreat,	Approximate Interval Between Onset and Death
		(OR AS A CONSEQUE									Juays
Sequentially list conditions,	b	I SYSTEM			LURE						14 days
if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE OF):								
CAUSE (Disease or Injury	C	OR AS A CONSEQUE	NOT OF								
that initiated events resulting in death) LAST	552 10	OH AS A CONSCOOL	NOE OF								
	d			_							<del>-</del>
PART II. Other significant condition	one contributing to	death but not resu	ulting in	the under	ying cause	given in	Part I.	PERF	AN AUTOPS ORMED?	Y 241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
											Λ
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	Home 5 R	,					
27. MANNER OF DEATH	28a. DATE OF (Month, Di		8b. TIME	OF 28c.	INJURY AT		_	SCRIBE HOV	W INJURY O	CCURED	
1 Netural 5 Pending 2 Accident Investigation		-,, rom/	INJU		WORK?	NO					
3 Suicide 6 Could not be determined	28e. PLACE O	F INJURY — At home, etc. (Specify)	, farm, str	reet, factory,	office		28f. LOC City	CATION (Street or Town, Sta	et and Numb	er or Rural	Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI											e) and manner as stated,
296. SIGNATURE AND TITLE OF CERTIFI	ER /)			2121	29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
Y Such DC	ach un								•	07/	15/94/
30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (ITEM 27	7) (Type, F	Print)				AVAL N			- ( - )
B.D.CASH. LT.  31. DATE FILED (Month, Day, Year)	MC USN 2 32. REGISTRA	R'S SIGNATURE			DEI	nes.	DA MI	2088	07-06	00	
JUL 2 1 1994		lson-Mandela	2								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Acurs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

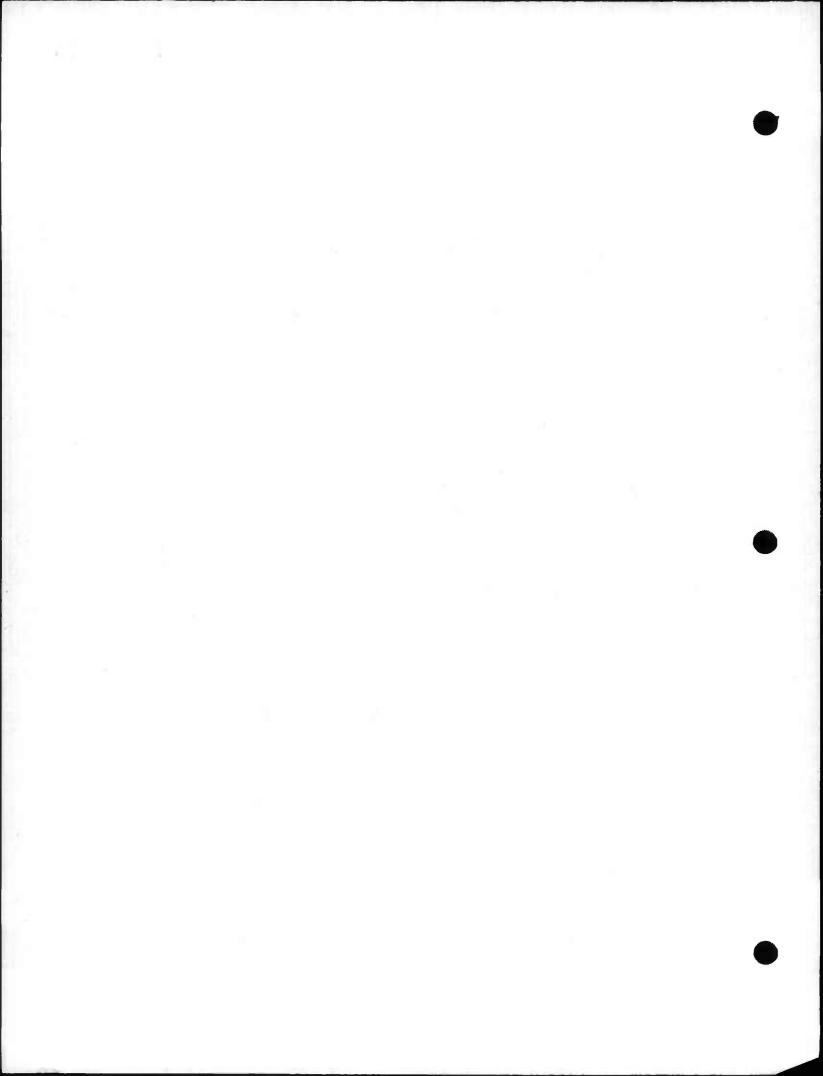
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiger must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

after death. Page 6 may be retained by the hospital or attending	by the funeral director, page 5 should be detached for use as the moval.	ical examiner must be notified at once.	
TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

							94	22691
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HE		NTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	Y YEA	3. TIME OF DEATN
	BLATNE	ALVIN		OLLY		Ш.У 19.	1994	2:20 P M
	4. SOCIAL SECURITY NUMBER  213 24 5893	1 X M 2 □ F 65	(In yrs. last birthday) YRS.	MONTHS DAYS I	oune Min.	DATE OF BIRTH (Month, Day, Year) ec 8, 10	28	IRTHPLACE (State or Foreign ountry)
œ	9a. FACILITY NAME (If not institution, give:				LOCATION OF DEATH		9c. COUNTY C	
210	SACRED HEART HO				RLAND		A)	LLEGANY
FUNERAL DIRECTOR		gany		town or location	N			10d. INSIDE CITY LIMITS?  1 YES 2X NO
ERA	Route 1 Box 93			10f. Z	21555		USA	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 1 Divorced	12. WAS DECEDENT EVER IF FORCES? 15 YES IF YES, GIVE WAR OR D  Korean	N U.S. ARMED 2 NO ATES	if yes, speci	OENT OF NISPANIC O by Cuban, Mexican, Pu NO Specify:			RACE — American Indian, Black, Whita, etc. Specify: Phite
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)	tire by		of working	+11	ce co.	
8	17. FATHER'S NAME (First, Middle, Last)		0.110.00		8. MOTHER'S NAME (			
BE o	Irad Dolly				live A	sh		
10	19a. INFORMANT'S NAME (Type/Print)  Borde.	Dolly		ADDRESS (Street and	Number or Rural Route	Number, City or Tow		MD 21502
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 Å Cremation 3 ☐ Rem	200		F DISPOSITION (Name			CATION — City of	
	4 Donation 5 Other (Specify)	Sn	nithsburg	Cremato		/20/ Sm:	ithsbur	g MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2.11.	Scarpe	address of facility of the control o	eral Ho	ome	
Ш	James +	XCCiy	Relli	Cumber	land, M	arvland	215	02
	23. PART I. Enter the disesses, or shock, or heart fallura.	complications that cause on a	d the death. Do neach line.	of enter the mode	of dying, such sa	cardiac or respi	retory srrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Possible	e Adw	med	Corcino	ner L	2	Onset and Death
	resulting In death)	DUE TO (OR AS	CONSEQUENCE OF	b			/	6. 4
NO NO	Sequantially list conditions,		CONSEQUENCE OF	huma	•			0 mm
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Prim	On CONSEQUENCE OF	);				
Ĕ	CAUSE (Diseese or Injury that initiated evente	DUE TO (OR AS /	CONSEQUENCE OF	): A 1	A- C	00	D'se	a Sloma
CERI	resulting in death) LAST	a Chron			nche		12 80	4.7192
SAL	PART II. Other eignificant condition	ns contributing to death b	out not resulting I	n the underlying o	euse given in Pari	1. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	-					1 TYES 2	D10	OF DEATH?
	DID TOBACCO USE (	CONTRIBUTE TO	CALISE OF	DEATH YES	NO F			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		CAUSE OF		E OF OEATH (Check of	nily one)		
Sign	EXAMINER?	HOSPITAL:	petient 3 🗆 DOA	OTHER: 4  Nursing Nome	5 Realdence 6	Other (Specify)		
	27. MANNER OF OEATH  1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY WORK	Y AT 286 ? 5 2 □ NO	1. OESCRIBE HOW I	NJURY OCCURE	0
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	/ — At home, farm, s			LOCATION (Street a	and Number or Ru	ural Route Number,
TED	4 Nomicide determined	building, etc. (Spe	спу)			City or Town, State)		
COMPLET	onel -	SICIAN: To the best of my know ER: On the bests of examination						use(s) and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIE		100		9c, LICENSE NUMBER		29d. DATE SIG	
TO BE	TO MAME AND ADDRESS OF	Jun	NI		233	7/	▶ 7/	19/94
	Zanan, Qamar,	MD. Johnson	Heights	Medical	Bld9.6	25 Kent	Avenue	Cumberland MO
	31. DATE FILED (Mogth, Day, Year) JUL 2 0 1994	32. REGISTRAR'S SIGN	ATURE					



pino		
4	*	
6	417	
2	Series Series	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit operation be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	OIAIL OI I	CE		ICATE				MENIAL TIT	. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEA	TH			3. TIME OF DEATH
	GLADYS	1	ARY		D	AVIS	3		JULY		9. 1	YEAR	07:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	#F UNDER		7 DATE OF BIRT	м		8. BIRTH	IPLACE (State or Foreign
ŀ	218 60 0527	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 14	,1	909	PEN	NSYLVANIA
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			-	UNTY OF D	
8	SACRED HEART HOS	SPITAL				CUM	BERL	AND				ATT	EGANY
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	v		10- 017	Y, TOWN C		- 1-77					ALI	_
Ĕ		ERAL	- 1		T . A								10d. INSIDE CITY LIMITS?
	WEST VA MITT	EKAL			1 . P						Torre and		1 N YES 2 NO
RA	BAKER HOLLOW R	0.4.0				107	267						WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARM	50	1.0	WW 0 0 0 0						.S.A	
BY FL	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES?	YES 2 NO	)		Il yes, spe		n, Mexice	IIC ORIGIN? (Spec n, Puerto Rican, a /:		e or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU	CATION	18e. DEC	EDENT'S	USUAL O	CCUPATIO	N .		16b, KIND (	F BÜ	SINESS/IN	IDUSTRY	
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	+) life. L	Do NOT u	work done ( se retired.)		st of workin	g					
린	8		·   H	OME	MAKE	: R			HC	ME			
Ď	17. FATHER'S NAME (First, Middle, Last)				-				ME (First, Middle, A		Sumeme)		
ш	WALTER R. RITZ			_			ANI	NA F	R. WERT	Z			
10 8	19e. INFORMANT'S NAME (Type/Print)	_							Route Number, City				
-	G. MARIE WOLFO	R D		P.0	.BOX	64	-	F1	r. ASHE	Υ,	, WV	26	5719
	20a, METHOD OF DISPOSITION 1 (X) Burlel 2 - Cremailon 3 - Rem	oval from Stale	20b. PLACE AN			ITION (Na	me of		DATE 2	c. LC	CATION -	- Cily or To	own, State
	4 Donellon 5 Other (Specify)		PINFY	PI	AINS					P ]	NEY	PLA	INS, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					O ADDRES			11.6	\	TALC	
	(Wered/P).	bochin	d			. A	2HR	1 2 E (	JNERAL D <u>-FT.</u>	HI	INE,	TNC	26719
	23. PART i. Entar the diseasea, or o	complications the	at caused the das	th. Do	not enter	tha mo	de of dyi	ng, aucl	h as cardiac or	resp	Iratory a	rreat,	Approximate
	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		O (OR AS A CONSEQU	gn	rord	Col	em	Ome	Reclin	-	nit	<i>t</i> ,	Interval Batweer Onset and Death
1		DUE TO	(OR AS A CONSEOU	JENCE O	F): 1	10/0	82	1	DiA	1.	- ^ 5/	/	montes
2	Sequentially list conditions,	b					2	ne	25.40	w	على و	. 6	- anns
Ĭ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSECU	JENCE O	F):	K	we	V					
CERTIFICATION	CAUSE (Disease or injury	CDUE TO	(OR AS A CONSEOU	JENCE O	Ð.								-
	that initiated events rasulting in death) LAST		(311110110201		. ,.								
5		d											
DICAL	PART ii. Other significant condition										AUTOPSY	24b	WERE AUTOPSY FINDINGS
울	Alvere a	runosu	exotic &	معم	nt	Di	Se	ase			ILNO	•	COMPLETION OF CAUSE OF DEATH?
N N	CHF. mili	el vah	me 10,0	ea	الم				_				1 TES 2 NO
	DID TOBACCO USE C	:ONTRIBUTE	TO CAUSE	OF	DEAT	H YE	S 🗆	NO	<b>P</b>				
<u>§</u> ∥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSEITAL:					ACE OF D	EATH (Che	eck only one)				
2	1 TYES 2 NO		ER/Outpatient 3	DOA	OTHER 4 Num		5 🗆 Re	sidence	6 Other (Specif	1)			
PHYSICIAN:	27. MANNEY OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, E		26b. TIN	IE OF JURY	28c. INJU WO			26d. DEŞCRIBE	IOW	INJURY O	CCURED	
בֿ	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 [	NO					
COMPLEIED	3 Suicide 6 Could not be determined	28e. PLACE C building.	OF INJURY — At hom, etc. (Specify)	e, ferm,	street, fect	ory, office	•		28f. LOCATION (S City or Town,	State)	and Numbe	er or Rural I	Route Number,
ן י	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat o	f my knowledge, deat	th occur	ad at the t	lma date	and elec-	and de-	to the enter (a)	d m		ede d	
1	(Check only one) 2 MEDICAL EXAMINE												e) and manner so stated
	29b. SIGNATURE AND TITLE OF CERTIFIES			-	, .	1				_, 41			
8	The state of Selfiff In	7	(dan	th	n M	0	29c. LICE	14	464		29d. DA	7 / (	(Mopth, Day, Year)
2 ▮	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM		arn	100	~~ ~	, F	nost		UN	2/	520
	31. DATE FILED (Month, Day, Year)	32. REGISTA	AR'S SIGNATURE	UK	uin	RY	ruce	- 1/	UNDUN	ענ	71)	OLI	122
	1111 9.9.1004	11: About	Leve Radall										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Abours after death. Page 6 may be totalined by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pel
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		SIAIE UF I			ICATE				MENTAL HYGIEN REG. NO.	E		
t. DECEDENT'S NAME (First	Middle, Last)				10/1.	0	<u> </u>	-	2. DATE OF DEATH			3. TIME OF DEATH
JAMES W. D	AWSON	SR.							JULY 23,	r994	YEAR	3:15 P M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (in yrs. last	t birthday)	IF UNDER 1		IF UNDER	24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
218165528		XXM 2 □ F	70	YRS.	MONTHS	DAYS F	HOURS	MIN.	(Month, Day, Year) Feb 2 19	24	Country	MD
Se. FACILITY NAME (If not in	stitution, give s	treet ed number)			9b. CITY, T	TOWN OR	LOCATIO	ON OF DE			INTY OF D	
SACRED HEA	RT HOS	SPITAL								ALI	LEGAN	1X
RESIDENCE OF DEC	10b. COUNTY											
MD	Alle				ling:		W					tod. INSIDE CITY LIMITS?
100. STREET AND NUMBER	ATTE	Jany		Raw	77112	_	ZIP CODE	11		I 017		t TYES 2X NO
P.O. Box	1 4					101. 4		557		USA		WHAT COUNTRY?
11. MARITAL STATUS	X 'X	12. WAS DECEDEN	IT EVER IN U.S. ARI	MED	13. W	AS DECEN			IC ORIGIN? (Specify Yes			American Indian
1 Never Married 2 1			YES 2 N		11.3	yes, speci	Ify Cuban	n, Mexican	n, Puerto Rican, etc.)	Or No-	Black	E — American Indian, k, White, etc.
3 Widowed 4 Divo	rced	WW T	200		, ,	YES 2	XINO	Specify:			Specif	ite
	EDENT'S EDU	CATION	16a. DEG	CEDENT'S	USUAL OCC	UPATION	ad campbigu		16b. KIND OF BUS	SINESS/IN		100
Elementery/Secondary (0		College (t-4 or 5	life	Do NOT us	se retired.)	fility frieds	Or WORKING	g				
12			ret	ire	d la	bor	er		COL	astr	ucti	ion
17. FATHER'S NAME (First, M	iddie, Last)					1	ts. MOTH	IER'S NAM	ME (First, Middle, Maiden			
Raymond Da	wson						Lor	ett:	a Flanio	ran		
190. INFORMANT'S NAME (7	ype/Print)		196	. MAILING	ADDRESS (				loute Number, City or Tow		p Code)	
Darlene		Dawson		P.	O Bo	× 44	Ra	wli	nas MD 2	1557	1	
20a. METHOD OF DISPOSITI	n 3 🗌 Rem	oval from State	20b.PLACE A cemetery, crer			ION (Name	eol	77	OATE 20c. LO	CATION -	City or To	wn, State
♣☐ Donation 5 ☐ Other	(Specify)	200000	Dawsor		meters	<i>y</i>			7/25/ Rat	wlin	gs_M	D
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	11	0.00				S OF FAC	uneral Ho		>-	
(ikene	, +	8/Can	All.	,					Marylan		21502	2
23. PART . Enter the d	seases, or o	complications the	caused the de	eth. Do r	not anter th	he moda	a of dyle	ng, auch	as cardiac or reapl	ratory ar	reat,	Approximata
ahock, or he	eart fallura.	List only one cau	ise on each lina.					1				Interval Between Onset and Death
disease or condition		( pro	inspla	2 /	No	de	1.	KII.	rynx			17 16001
resulting in death)		DUE TO	(OR AS A CONSEO	DUENCE OF	F): /	100-		100	MILL			1 years
		h.							/			10
Sequantially list conditi If any, leading to imme-		DUE TO	(OR AS A CONSEO	DUENCE OF	F):					1		
cause. Entar UNDERLYI CAUSE (Disease or Inju	NG	c										
that initiated events		DUE TO	(OR AS A CONSEO	DUENCE OF	F):							
resulting in death) LAS		d										
PART II. Other aignifica	nt condition	a contributing to	death but not re	esulting	In the unde	arlylna (	Callee o	duen In-l	Part I. 24s, WAS AN	ALITYORGY	246	WERE AUTOPSY FINDINGS
(ALCINA	DUL O	2 the 1	uses :	3/6	Ones			cto	PERFOR	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Tille	50	-10/1B	11/1	15	1.1	./	4	7	1 - YES 2	NO		OF DEATH?
DID TOBACCO	IISE C	ONTRIBUTE	TO CALIS	E OF	DEATH	YES		NO	the state of the s			t 🗆 YES 2 NO
25. WAS CASE REFERRED TO		, pitikibo, L	10 CA00		DEATH				ick anly one)			
EXAMINER?	J	HOSPITAL:	1 cm/Outpetlant 2	CI DOA	OTHER:							
27. MANNER OF DEATH		28e. DATE OF	ER/Outpatient 3	28b. TIM	-	ng Home 18c. INJUR		sidence (	8 Other (Specify) 28d. DESCRIBE HOW II	HILLING OC	~IDED	
	Pending	(Month, D			JURY	WORK	K?	ON F	400. DEGOTION II	Noon: Oo	CONED	
a Coultte	Investigation	28e. PLACE C	F INJURY — At hor	me, ferm,			9	-	28f. LOCATION (Street e	and Numbe	or Rural F	Double Musesher
	Could not be determined	building,	atc. (Specify)	The state of		,,			City or Town, Stete)	ITHE PROTECTION	f br runer	loote rearrison,
290. CERTIFIER CERT		The state of the state of										
(Check only									to the cause(e) end mar			
			terningupii eng/or ii	nvestiganio	in, in my opi	nion, dean	th occur	ad at the t	time, date end place, en			i) and menner es stated.
296/SUSNATORE AND TITLE	OF CHRTHIEF	Wilm.	41	1111		.,,	29c. LICE	NSE NUM	IBER	29d. DAT	TE SIGNEO	(Month, Day, Year)
COUT,	104	Trois		171	11		1)0	14.	951	VU.	1-4	-5-74-
30. NAME AND ADDRESS OF	AH V	no A	PAKU TO	1 27) (Type, FROA	Print)	FIE	POAK	SURC	a. Ind	21	153	-
31. DATE FILED (Month	2 5 19		AR'S SIGNATURE	arlall	2		7.0					

5 1994 32. REGISTRAR'S SIGNATURE RANGEL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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SAN		pe
5550		must
the time common was seen agree of the section of the section of the land of th		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Or re	med
1	tion,	the
and die	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	yvent,
200	burial	atic (
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B	tygien	r oth
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5	th an	amy
8	Heat	SMI
2	f. of	she
-	Dep	n 23
2200	State	Her
200	h the	d, 00
200	with	arket
1	death	B ma
	after	28

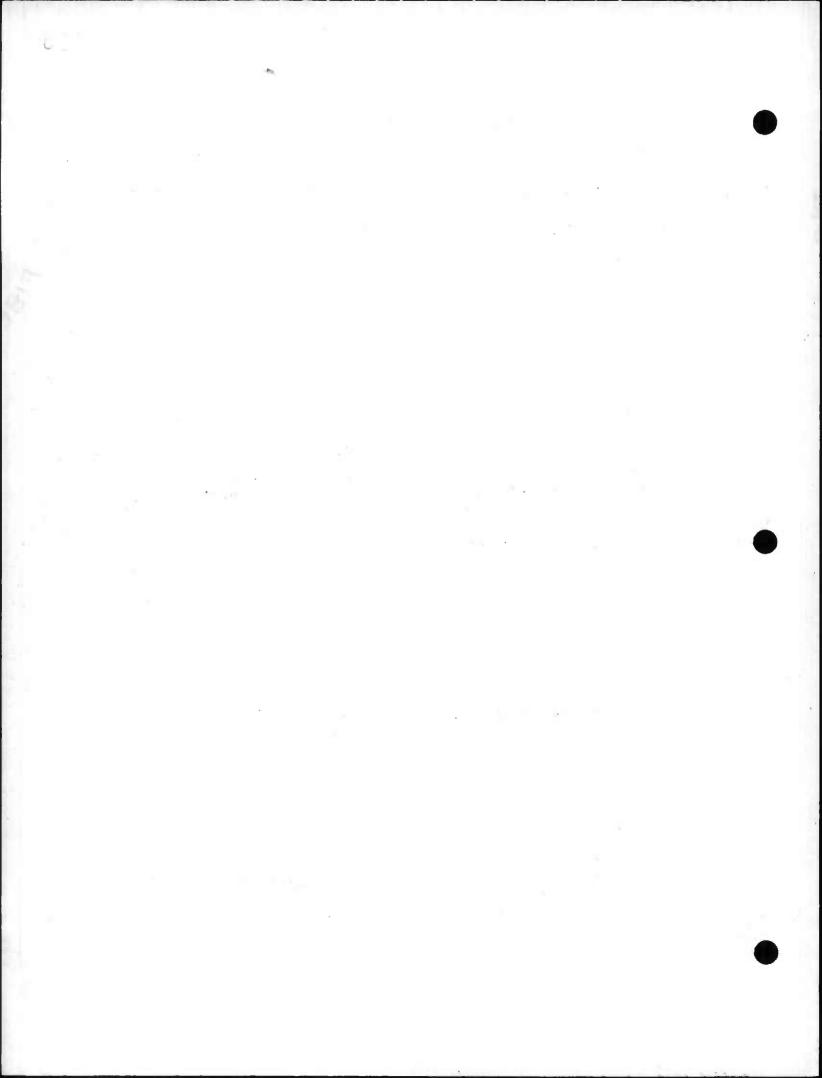
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH		1 3	TIME OF DEATH
	Vincent Le	ee Din	ges						MONT 07			AR	8:15 a
1	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y	rs. lest birthdey)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.6	SIRTHPLA	ACE (State or Foreign
	220-12-2329	9	1 🔀 M 2 🗆 F		71 YRS.	MONTHS	DAYS	HOURS MIN.		h, Day, Year) 3/1922		country)	The second second
	Se. FACILITY NAME (If not ins	stitution, give a	street and number)			9b. CIT	Y, TOWN C	OR LOCATION OF C		11166	9c. COUNTY		
l	1650 Cedar		Road			Poo	comok	ce City			Word	est	er
	Maryland	Worce			10c. CI		OR LOCAT	City				10-	d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	HOLCE	BUCI			1000							YES 2 NO
		77-11	D 3				101	ZIP CODE			10g. CITIZEN		T COUNTRY?
	1650 Cedar	Hall	12. WAS DECEDEN	T EVED IN II	C ADMED	140	WM C 050	21851 ENDENT OF HISPA	1110 00101	10.00 - 14.04		US	
	1 Never Married 2 1 1 3 Widowed 4 Divor		FORCES? 1 IF YES, GIVE V	XYES :	2 NO	13.	If yes, sp	ecify Cuben, Mexic 2 NO Spec	en, Puerto	47 (Specify Yea Rican, etc.)		Black, W Specify:	American Indian, Mita, etc. White
	15. DECE	EDENT'S EDU	ICATION		a. DECEDENT'	B USUAL C	OCCUPATIO	DN	160	. KIND OF BUS	INESS/INDUST		WIII OC
	(Specify only Elementary/Secondary (0-	highest grade (-12)	Coffege (1-4 or 5	+)	(Give kind of life. Do NOT	work done use retired.)	during mo	st of working					
ı	4			1	Auto Me	echar	nic						
	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
	Victor R. I	Dinges						Annie	Heish	nman			
ı	19a. INFORMANT'S NAME (%)	iype/Print)			19b. MAILIN	G ADDRES	SS (Street a	nd Number or Rura	Poute Num	ber, City or Town	n, State, Zip Coo	le)	
	Beatrice Di	inges			1650	Cedar	Hal	1 Road,	Poco	omoke,	Md. 2	2185	1
	20a. METHOD OF DISPOSITION 1 (X Burlal 2 Cremation		ound from State		ACE AND DATE			me of	OAT	E 20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other		iovar irom otala	cemetel	ry, crematory or	otner place	7	etery	7/5	Pogo	omoke,	Mary	vland
	21. SIGNATURE OF FUNERAL			- rir	st Bar	otist	cen	le cer y	1//	FUCC			
	ZI, SIGNATORE OF FOREIAG	L SERVICE LI	CENSEE	- 1 111	st Bar	22	. NAME AN	D ADDRESS OF F	ACILITY		MORC/		
	Scott  23. PART I. Enter the di	iseeses, or eart fellure.	Meleo	at coused th	ne death. Do	P P P P P P P P P P P P P P P P P P P	NAME AND MELSO PO BO or the mo	on Funer OX 64, P	acility al Ho OCOMO	ome oke, Mo	1. 218	351	Approximata Interval Between
	23. PART I. Enter the dishock, or he immediate CAUSE (Findisesse or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disesse or Injunt that initiated events	iseeses, or eart fellure.	Meleo  complications that List only one cau  e.	it coused the use on each (OR AS A CC)	ne death. Do	Property of the property of th	NAME AND MELSO PO BO or the mo	on Funer OX 64, P	acility al Ho OCOMO	ome oke, Mo	1. 218	351	Approximata Interval Betw
	23. PART I. Enter the diahock, or he immediate CAUSE (Findisesse or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYIII CAUSE (Disease or Injur CAUSE (Disease or Injur	iseeses, or eart fellure.	Meles Complications the List only one cause.  a. ME OUE TO b. DUE TO c. DUE TO d	(OR AS A CO	one death. Do in line.  ONSEQUENCE ( ONSEQUENCE ( ONSEQUENCE (	PF):	NAME AN MELSO PO BO or the mo	no ADDRESS OF FON Funer  X 64, P  de of dying, au	al Ho OCOMO	ome oke, Mo	a. 218  ratory arreat,  OCARC  AUTOPSY MED?	24b. WE AM	Approximate Interval Betwo Onset and De MA BMC
	23. PART I. Enter the disabook, or he iMMEDIATE CAUSE (Findleesse or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLYII CAUSE (Disease or injust that initiated eventa resulting in death) LAST	iseeses, or eart fellure.  ions, diate NG I'ry T  Int condition	Meles of complications the List only one cause to our to be our to complete the contributing to the contri	(OR AS A CO	one death. Do in line.  ONSEQUENCE ( ONSEQUENCE ( ONSEQUENCE (	PF):	NAME AN MELSO PO BO or the mo	no ADDRESS OF FON Funer  X 64, P  de of dying, au	n Part I.	Dime Dike, Mo diac or reapi  A SEV  24a. WAS AN PERFOR 1 □ YES 2	a. 218  ratory arreat,  OCARC  AUTOPSY MED?	24b. WE AM	Approximata Interval Between Conset and De MA BMC
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	23. PART I. Enter the disabook, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injurthat Initiated eventa resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	iseeses, or eart fellure.  ions, diate NG I'ry T  Int condition	Meles Complications the List only one cau  e.	(OR AS A CO	DISEQUENCE ( DISEQ	PF):  OF):  OTHE 4   Number of the property of	NAME AN MELSO PO BO or the mo PRE	po ADDRESS OF FON FUNCTION FUNCTION  STATI	n Part I.	Dime Dike, Mo diac or reapi  ALEU  24a. WAS AN PERFOR 1 VES 2	a. 218  ratory arreat,  OCARC  AUTOPSY MED?	24b. WE AM CO O 1 [	Approximata Interval Between Conset and De MA BMC
	23. PART I. Enter the disabock, or he immediate CAUSE (Findlesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injurthat initiated eventa resulting in death) LAST  PART II, Other algnificer  ARTURICAL  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	iseeses, or eart fellure.  ions, diate NG I'ry T  Int condition	Meles Complications the List only one cau  e.	(OR AS A CO	DISEQUENCE ( DISEQ	PF:	PRESIDENT TO THE PROPERTY OF T	g ceuse given li	n Part I.	Dime Dike, Mo diac or reapi  ALEU  24a. WAS AN PERFOR 1 VES 2	autropsy Med?	24b. WE AM CO O 1 [	Approximata Interval Between Onset and De MA BMC
	23. PART I. Enter the disabook, or he iMMEDIATE CAUSE (Findleesse or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLYII CAUSE (Disease or injust that initiated eventa resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 1 2 Accident 5 3 Suicide 8 0	iseeses, or eart fellure.  isel  ions, diate NG iry  T  ont condition  O SC L  Pending	Meles Complications the List only one cau  e.	(OR AS A CO	DISEQUENCE ( DISEQ	DF):  OTHE 4 Number of JURY ME OF	Inderiying  28. PL  28. PL  28. PL  28. PL  28. PL  28. NJ  28. NJ	DADDRESS OF FON FUNCTION  ACE OF DEATH (CO. 5 ) A Residence URY AT (FES 2   NO	n Part I.	DIME DIKE, MC diac or reaple  ALEU  24a. WAS AN PERFOR  1 YES 2  THE Specify SCRIBE HOW IT	autropsy Med?	24b. WE AM COF	Approximata Interval Between Conset and De MA BMC
	23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY/II CAUSE (Disease or Injurthat Initiated eventa resulting in death) LAST  PART II. Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Suicide 8   10 Accident 3 Accident 3 Suicide 8   10 Accident 3 Accident 3 Suicide 8   10 Accident 3 Accident	iseeses, or eart fellure.  ions, diate NG Iny T Int condition  O MEDICAL  Pending investigation  Could not be determined	Meles Complications the List only one cau e.	(OR AS A CO (OR AS	DONSEQUENCE OF THE PROPERTY OF	22 In pot ente	Inderiying  28. PL  28. PL  28. INJ  28. INJ  28. INJ  1 of the mo	g ceuse given li	n Part I.  Check only o  6 Other  286, LOC	DIME DIKE, MC diac or reapi  A EV  24a. WAS AN PERFOR 1  YES 2  W (Specify) SCRIBE HOW IT  CATION (Street a or Town, State)  use(a) and man	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER OF RESIDENCE OF RE	24b. WE AM CO OF 1 [	Approximate interval Betwo Onset and De MA BM CO MARCON MA
	23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Findleesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injurities in injurities of the cause. Enter UNDERLYII CAUSE (Disease or injurities in injurities of the cause. Enter UNDERLYII CAUSE (Disease or injurities injurities)  PART II Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1	iseeses, or eart fellure.  isel isel isel isel isel isel isel isel	Meles Complications the List only one cau  e.	(OR AS A CO (OR AS	DONSEQUENCE OF THE PROPERTY OF	22 In pot ente	Inderiying  28. PL  28. PL  28. INJ  28. INJ  28. INJ  1 of the mo	g ceuse given li	n Part I.  Check only on 6 Other 28d. Dec. Chy	DIME DIKE, MC diac or reapi  A EV  24a. WAS AN PERFOR 1  YES 2  W (Specify) SCRIBE HOW IT  CATION (Street a or Town, State)  use(a) and man	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER OF FRIENDS OF FR	24b. WE AM COOF 1 [	Approximata interval Between Conset and De MA BM CO A
	23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Findlease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LAST  PART II, Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1   VES 2   NO  27. MANNER OF DEATH  1   Natural 5   1   CERTIFIER (Check only one) 2   MEDIC ONE)  29b. SIGNATURE AND TITLE	iseeses, or eart fellure.  iseeses, or eart fell	Meles Complications the List only one cau  e.	(OR AS A CO (OR AS	DONSEOUENCE OF THE PROPERTY OF	22 N F not ente  CC  OF):  In the u  A S  OTHE  A IN  ME OF  JURY  M street, fac	Inderiying  28. PL  28. PL  28. INJ  28. INJ  28. INJ  1 of the mo	g ceuse given li	n Part I.  Check only on 6 Other 28d. Dec. Chy	DIME DIKE, MC diac or reapi  A EV  24a. WAS AN PERFOR 1  YES 2  W (Specify) SCRIBE HOW IT  CATION (Street a or Town, State)  use(a) and man	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER OF RESIDENCE OF RE	24b. WE AM CO OF 1 [	Approximate interval Betwo Onset and De MA BM CO MARCON MA
	23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Findleesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injurities in injurities of the cause. Enter UNDERLYII CAUSE (Disease or injurities in injurities of the cause. Enter UNDERLYII CAUSE (Disease or injurities injurities)  PART II Other algnificer  25. WAS CASE REFERRED TO EXAMINER?  1	iseeses, or eart fellure.  iseeses, or eart fell	Meles Complications the List only one cau  e.	(OR AS A CO (OR AS	DONSEOUENCE OF THE PROPERTY OF	22 N F not ente  CC  OF):  In the u  A S  OTHE  A IN  ME OF  JURY  M street, fac	Inderiying  28. PL  28. PL  28. INJ  28. INJ  28. INJ  1 of the mo	g ceuse given li	n Part I.  Check only on 6 Other 28d. Dec. Chy	DIME DIKE, MC diac or reapi  A EV  24a. WAS AN PERFOR 1  YES 2  W (Specify) SCRIBE HOW IT  CATION (Street a or Town, State)  use(a) and man	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AND NO MED.  AND NO MED.  A	24b. WE AM CO OF 1 [	Approximate interval Betwood Onset and Do MA BMC  REAUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUS DEATH?  VES 2 NO

Page .	, et a.F	Perm	
AND STATE OF	hours after death. Page 6 may be retained by the hospital or attending physicians	ed in by the funeral director, page 5 should be detached for use as the burial-transition or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS B O BOX 68769	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physicians	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trains perm fee filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAI	HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last)	Virginia M.				MONTE	OF DEATH DA		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			E COTT	IF UNDER 24 HRS.	Ju1	y 20,	1994	BIRTH	5:25P PLACE (State or Foreig	M
	273–16–5449  9. FACILITY NAME (If not institution, give s	1 □ M 2 XXF 73	YRS.	ONTHS DAYS	HOURS MIN.	Jul	, Day, Year)	1920	To1e	edo,Ohio	
OB	5811 Fisher Rd. A			ь. спу, томы с Гетр1е	R LOCATION OF DI Hills	EATH		9c. COUNT		George's	
띮	RESIDENCE OF DECEDENT  10a, STATE  10b. COUNTY	Υ	10c. CITY,	TOWN OR LOCAT	ION					10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland Prince	e George's	Temp	le Hill						LIMITS?	,
RA	5811 Fisher Rd.	Ant 11		101	20748			USA	N OF W	HAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS OEC	ENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes		I. RACE	— American Indian.	
Β¥	1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT		If yes, spe	2 XNO Specif	n, Puerto F			Specif Whi	, White, etc.	
	15. OECEDENT'S EOU (Specify only highest grade	iCATION e completed)	16a. DECEDENT'S US	SUAL OCCUPATION done during mo	IN et al working	16b.	KIND OF BUS	INESS/INDUS			
COMPLETED	Elementery/Secondery (0-12) 12th	College (1-4 or 5+)	Telephon	retired.)			C&P Tel	ephon	e C	0.	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A	fiddle, Meiden	Surname)	_	-	
BEC	James Camr	obell. Jr.			Myrtle	C. (	Cowder				
2	Diane C. Dwier			DORESS (Street o	nd Number or Rural .	Route Numb	er, City or Town	, State, Zip C	ode)		
	20e METHOD OF OISPOSITION 1 N Burlel 2 Crystellon 3 Rem 4 Donation 5 Other (Specify)	come	PLACE AND DATE OF term, or emetory or other Tington			/22/C	20c. LOC	PATION — CH	y or To	wn, State	
	21. SIGNATURE TUNERAL SERVICE LIC		T T T II G C OII	22. NAME AN	O AODRESS OF FA	CILITY			, ,		
	Deone f. K	Calse . h.		6160 (	e P. Kal Oxon Hil	1 Rd.	Oxon	Hi11.	Md	. 20745	
	23. PART I. Epur the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carcino	oma of n				nec or respi	retory srres	ot,	Approximate interval Betw Onest and D	/001
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (	PART II. Other significant condition					Part i.	24a. WAS AN PERFORM	MED?	24b.	WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
AN	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE OF						<u></u>		
있 당	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch		17 1000				$\dashv$
Η̈́	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJ	JRY AT		(Specify)	JURY OCCU	RED		
ВУР	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF		RK? ES 2 NO						
	3 Suicide 8 Could not be determined	25s. PLACE OF INJURY - building, etc. (Specif	At home, ferm, atro	et, factory, office			ATION (Street e. or Town, Stete)	nd Number or	Rural R	oute Number,	
COMPLETED		ICIAN: To the best of my knowle								and manner ee state	d.
BE C	29b. SIGNATURE AND THE OF CERTIFIER	3			29c. LICENSE NUI			29d. DATE S	SIGNED	(Month, Day, Year)	$\dashv$
10 B	//www	/			D19	743	1	▶Ju1	y 2	1, 1994	
F	Frank Ryan, M.D.				, Md. 20	0745					
1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	_							$\dashv$
	.1111 2 2 199	4 Julia David	bon-Randal	2							

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DHMH-16 Rev 1/89



1	•	STATE REGISTRA
	1. D	ECEDENT'S

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

	REGISTRAR CERTIF	ICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  N. DAVIS		2. DATE OF DEATH	3. TIME OF DEATH 5:45 A M
	4. SOCIAL SECURITY NUMBER 215-26-2381  5. SEX 1		7. DATE OF BIRTH (Morth, Day, Year) March 18, 192	7 B. BIRTHPLACE (State or Foreign Country). Marry I and
TOR	Prince George's Hospital Center RESIDENCE OF DECEDENT	Sh. CITY, TOWN OR LOCATION OF DE Chevenly		ec. county of Death rince George's
DIRECTOR	PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM	Y, TOWN OR LOCATION Lothian		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5242 Sands Road	10f. ZIP CODE 207	'11	10g. CITIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yea, specify Cuben, Mexica 1  YES 2 NO Specify	n, Puarto Rican, etc.)	r No— 14. RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Sth grade  College (1-4 or 5+)  HOUSEW	USUAL OCCUPATION work done during most of working se relired.)	Damestic	IESS/INDUSTRY
00	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	ME (First, Middle, Meiden Su	
띪	Thomas Jackson, Sr.  19a. INFORMANT'S NAME (Type/Print) 19b. MAILING		Mary C. Er	
5	Mr. Charles A. Davis (Husband) 5242 S	Sands Road Lothian,		
	1XX Burtal 2 Cremation 3 Removal from State competery, crematory or p  4 Donation 5 Other (Specify)  WOSES CATTEL		7/19/94 Loth	tion - city or town, State hian, Maryland
	21. SIGNATURE OF FUNERAL SERVICE MEENSEE	22. NAME AND ADDRESS OF FA ROTTINS FUNERAL 4339 Hunt Place		ngton, D.C. 20019
z	23. PART I. Enter the diseases, or complications that caused the death. Do shock, or haart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE O	_	h as cardiac or respirat	Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ine.	COPD	j
DICAL	PART-II. Other significant conditions contributing to death but not resulting	in the underlying cause given in	Part I. 24s. WAS AN AU PERFORM!	ED? AMAILABLE PRIOR TO
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	F DEATH YES NO		NAN
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 DOA 1 DIAMETER 1 DOA	26. PLACE OF DEATH (Chi	eck only one)	
PHYSICIAN: ME	27. MANNER OF GEATH 28e. DATE OF INJURY 28b. TIM 1 Netural 5 Pending 18c. (Month, Day, Year)	4 Nursing Home 5 Residence  BE OF 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  26d. DESCRIBE HOW INJ	URY OCCURED
TED BY	Accident   Investigation	street, factory, office	est. LOCATION (Street and City or Town, State)	I Number or Bural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  DERTIFYING PHYSICIAN: To the best of my knowledge, death occurr  MEDICAL EXAMINER: On the basis of examination and/or investigation			
TO BE (	296. SIGNATURE AND TITLE OF CETAMER  S JOHNSON AND AND	29c. LICENSE NUN	S25	Pod. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type S. T. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	Followill Ro	ad; Bon	W(E, MD-2076
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Suha Davidson-Ran	dall		

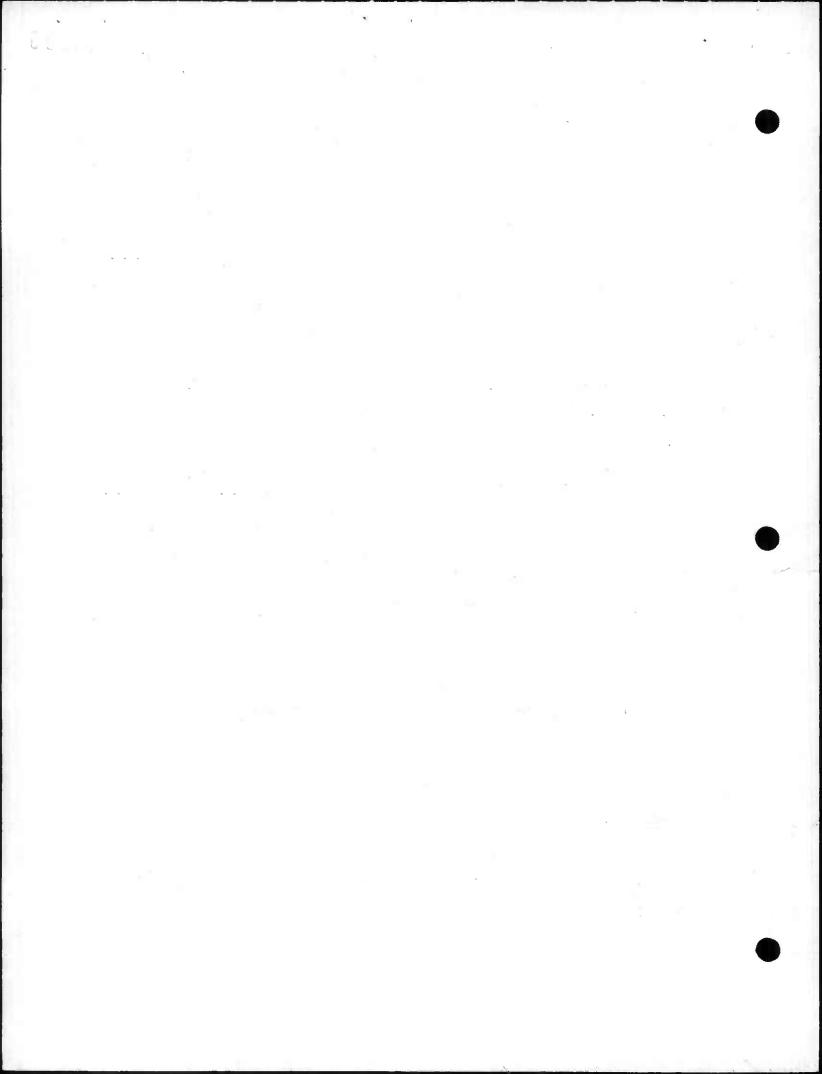
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



Items: 23 Part I,27 per MEO G-714 8/5/94 reb

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) JOHN ALBERT **ESSICH** 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS 213-32-1846 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 404 T-4 BALDWIN PARK DRIVE DIRECTOR WESTMINSTER RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Carrol1 Westminster FUNERAL 10e. STREET AND NUMBER 404 Baldwin Park Drive Apt 21157 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Air Force Reserves COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION use (Specify only high jo Elementary/Secondary (0-12) College (1-4 or 5+) Salesman detached 17. FATHER'S NAME (First, Middle, Last) Albert Henry Essich should be 70 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Wayne A. Essich ours after death. Page 6 may be pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 St Burlal 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) funeral director, ders examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home filled in by the medical 23. PART I. Enter the diseases, or complications that caused the dea shock, or heart fellure. List only one cause or each line. 6 IMMEDIATE CAUSE (Final other traumatic event, the disease or condition ATHEROSCLEROTIC CARDIOVASCULAR DISEASE and completely fi o burial, cremation resulting in death) BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events signed by the attending Health and Mental Hygier reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL shows any has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: 23 HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: YES 2 NO 4 - Nursing Homa TRaidence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF marked, 1 XX Natural 5 Pending Investigation 1 YES BY DIRECTOR: After the hours after death v 2 Accident PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) 28 is n 3 Sulcide COMPLETED 6 Could not be 4 Homicide item

Churte in

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

O.C.M.E

111 Penn Street, Baltimore, Maryland 21201

2. DATE OF DEATH 3. TIME OF DEATH JULY 94 94 9:45 Ам 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign April 1935 Maryland Bc. COUNTY OF DEATH CARROLL 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-it yea, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. White 16b. KIND OF BUSINESS/INDUSTRY Car Sales 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Elizabeth Hancock 1385 N. Main Street, Hampstead, MD 21074 OATE 20c. LOCATION — City or Town, State U.C.C. Cemetery 7/28 Westminster, Maryland Willis St, Westminster, MD 21157 Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate Interval Between **Onset and Death** 24s. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If its

29e. CERTIFIER

31. OATE FILED AGOSTA AUG

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JULY 25,1994

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VISION OF VITAL RECORDS, P.O. BOX 68760.	ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits and wental Hygiene prior to burial, cremation, or removal.

Calvert Manor Nursing Home Rising Sun  Certification  Maryland Cecil Rising Sun  10e. CITY, TOWN OR LOCATION  Maryland Cecil Rising Sun  10e. STREET AND NUMBER  10e. STREET AND NUMBER  10f. ZIP CODE  1881 Telegraph Road  11. MARITAL STATUS  1 Never Married 2 Married  3 X X Nowed 4 Divorced  15. DECEDENT'S LISUAL OCCUPATION  1680 DECEDENT'S LISUAL OCCUPATION	OUNTY OF DEATH  CIL  10d. INSIDE LIMITS 1  YES  CITIZEN OF WHAT COUNT  USA  14. RACE — America Black, White, etc.
4. SOCIAL SECURITY NUMBER  222-12-4645A  1 M 2 F 85  VRS.  8. AGE (in yrs. last birthday)  9a. FACILITY NAME (if not institution, give atreet and number)  Calvert Manor Nursing Home  Residence of Decedent  10a. STATE  10b. COUNTY  Maryland  Cecil  10c. CITY, TOWN OR LOCATION  Maryland  Cecil  10c. STREET AND NUMBER  10d. STREET AND NUMBER  10d. STREET AND NUMBER  11 Never Married  12 WAS DECEDENT EVER IN U.S. ARMED  FORCES?  1 YES 2X NO  15 DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S USUAL OCCUPATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  16. STREET AND NUMBER  1	8. BHRTHPLACE (Stein Country) 8. Cheste OUNTY OF DEATH CIL 10d. INSIDE LIMITS 1  YES CITIZEN OF WHAT COUNT USA 14. RACE — American Black, White, etc.
222-12-4645A 1 M 2 F 85 VRS. MONTHS DAYS MIN. Aug.19,1908  90. FACILITY NAME (If not institution, give attreet and number)  Calvert Manor Nursing Home Rising Sun  Calvert Manor Nursing Home Rising Sun  Residence of Decedent  100. COUNTY  Maryland Cecil Rising Sun  100. STREET AND NUMBER  100.	Country) Cheste OUNTY OF DEATH CILIMITS 1 VES CITIZEN OF WHAT COUNT USA 14. RACE — Americal Black, White, etc.
222-12-4645A  1 M 2 K 85  98. FACILITY NAME (If not institution, give alreet and number)  Calvert Manor Nursing Home  Rising Sun  Ce  Residence of Decedent  10e. STATE  10b. COUNTY  Maryland  Cecil  Rising Sun  10c. CITY, TOWN OR LOCATION  Rising Sun  10e. STATE  10b. COUNTY  Maryland  Cecil  Rising Sun  10c. CITY, TOWN OR LOCATION  Rising Sun  10e. STATE  10e. STATE  10h. COUNTY  Maryland  Cecil  Rising Sun  10e. STREET AND NUMBER  1881 Telegraph Road  11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES, GIVE WAR OR DATES  15. DECEDENT'S EDUCATION  168. DECEDENT'S USUAL OCCUPATION  169. CECTY, TOWN OR LOCATION IND.  169. CETY, TOWN OR LOCATION IND.  10p. CETY, TOWN OR LOCATI	8 Cheste OUNTY OF DEATH  COLL  10d. INSIDE LIMITS 1 YES  CITIZEN OF WHAT COUNT  USA  14. RACE — America Black, White, etc.
Calvert Manor Nursing Home Rising Sun Center Manor Nursing Home Rising Sun Center Manor Nursing Home Rising Sun 10c. city, town or location Maryland Cecil Rising Sun 10c. city, town or location Maryland Cecil Rising Sun 10c. street and number 10d. zip code 10d. zip code 10d. zip code 12911  11. Marital Status 12. Was Decedent Ever in U.S. ARMED FORCES? 1 Yes 2X No If yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. Was Decedent's Education 15. Decedent 15. Dec	10d. INSIDE   LIMITS   1   YES
106. STREET AND NUMBER  1881 Telegraph Road  107. ZIP CODE  1881 Telegraph Road  108. ZIP CODE  21911  11. MARITAL STATUS  1 Never Married  2 Merried  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO  15. DECEDENT'S EDUCATION  168. DECEDENT'S USUAL OCCUPATION  168. DECEDENT USUAL OCCUPATION  168. DECEDENT USUAL OCCUPATION  168. DECEDENT	10d. INSIDE LIMITS 1 VES CITIZEN OF WHAT COUNT USA 14. RACE — American Black, White, etc.
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3 XXIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES XIX NO Specify:  15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 188. KIND OF BUSINESS.	- 14. RACE — American Black, White, etc.
3 X X Idowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES X X NO Specify:  15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. DECEDENT'S USUAL OCCUPATION 166.	Black, White, etc.
15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS.	Specify:
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 1AN KIND OF BUSINESS/I	W
(Specify only highest grade completed) (Give kind of work done during most of working	INOUSTRY
(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (6-12)  College (1-4 or 5 +)	
Machine Operator Havic	Industri
Elementary/Secondary (0-12) College (1-4 or 5+)  8 Machine Operator Havic  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	
Atwood L. Hanna Alice (unknown	.)
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,	Zip Code)
dames A. Edsebulli (Soli) 13 Blair Lane Elkton, Md.	21921
1 23 Burial 2 Cremation 3 Removal from State   cemetery of other piece	— City or Town, State
4 Donation 6 Other (Specify) A Gracelawn Memorial Pk New	Castle,
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  MCCrery Funeral Homes	s. Inc
3924 Concord Pike Wi	
Sequentially flat conditions,  b. Seizure Disorder  DUE TO (OR AS A CONSEQUENCE OF):	
If any, leading to immediate cause. Enter UNDERLYING	
The second to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  "Article Hoor as Afolicities of Vascular Disease Chemical Control of Cause (Disease or injury that initiated events resulting in death) LAST	
Tarry, teaching to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAPTER TARRY AS A SCALEGICAL TO SEE THE CORD TO SEE THE CORD TO SEE THE CORD TO SEE THE COR AS A SCALEGICAL TO SEE THE CORD TO SEE THE CORD TO SEE THE CO	IY 24b. WERE AUTO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 TO NO	AMAILABLE F
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPS PERFORMED?  1 YES 2 THO	AMAILABLE F COMPLETION OF DEATH?
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 TO NO	AMAILABLE F COMPLETION OF DEATH?
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 TO NO	AWAILABLE F COMPLETION OF DEATH? 1 YES:
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MAINTER OF DEATH  28. DATE OF INJURY (Month, Day, War)  28b. TIME OF INJURY 28b. INJURY AT WORK?	AWAILABLE F COMPLETION OF DEATH? 1 YES:
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 IN NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 O THER:  1 Inputtent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MAIL BER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending Investigation  28b. Accident Investigation	AMALABLE P COMPLETION OF DEATH 1 YES:
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 IN NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 O THER:  1 Inputtent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MAIL BER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending Investigation  28b. Accident Investigation	AMALABLE P COMPLETION OF DEATH 1 YES:
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PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 IN NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DO  26. PLACE OF DEATH (Check only one)  27. MAIL JET OF DEATH  1 Natural 5 Pending Investigation  28a. DATE OF INJURY  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OF INJURY	AWAILABLE F COMPLETION OF DEATH?  1 YES:  OCCURED  OCCURED  Stated.
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 IN NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 O THER: 1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MAIL ER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending Investigation  28a. BLACE OF INJURY AT WORK?  28b. TIME OF INJURY AT WORK?  1 YES 2 NO	AWAILABLE F COMPLETION OF DEATH?  1 YES:  OCCURED  OCCURED  Stated.
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. Mail ER OF DEATH  1 Natural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY NORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OF TOWN, State)  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)	AWAILABLE F COMPLETION OF DEATH?  1 YES:  OCCURED  OCCURED  Stated.
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 IN NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 O THER:  1 Natural 5 Pending Investigation  26a. DATE OF INJURY (Month, Day, Year)  27. MAIL ER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  27c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OR IN	AMALABLE COMPLETION OF DEATH?  1 YES:  OCCURED  OCCURED  Stated. o the cause(e) and manner
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPS PERFORMED?  1 YES 2 IN NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 O THER:  1 Inpettent 2 ER/Outpettent 3 DOA 4 (Nursing Home 5 Residence 6 Other (Specify))  27. MAIL ER OF DETTH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural S Pending Investigation  3 Suicide 6 Could not be determined  28a. DATE OF INJURY At home, farm, street, factory, office  28b. LOCATION (Street and Number City or Town, State)  28c. CERTIFIER (Check only One)  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. D.	AMMLABLE F COMPLETION OF DEATH 1 YES:  OCCURED  OCCURED  Other or Flural Fouts Number, stated, of the cause(s) and manner  DATE SIGNED (Month, Day,

1 - STATE

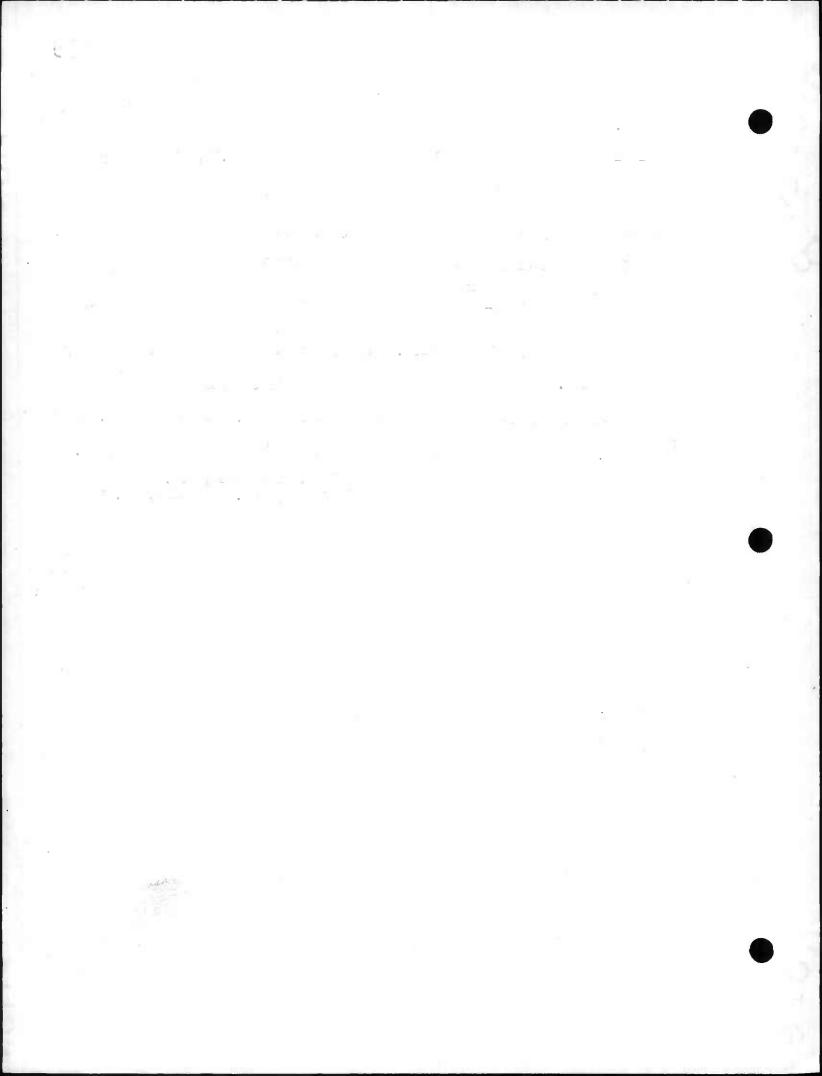
### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN				CENTIF	ICAI	E Ur	DEAIL	1	8	REG. NO.			
	t, DECEDENT'S NAME (First, Midd							_		2. DATE OF MONTH	DEATN DA	Y004	YEAR	3. TIME OF DEATN 5:11 P M
	LEE A. ECI	KARD	5. SEX	A 405 //-	- Acceptance A			Laurence				994		
	218-34-4148		1-10 M 2 D F	6. AGE (III yr.	s. last birthday) YRS.	MONTHS	DAYS	HOURS I	HRS.	Feb. I	NATIO	34	Count	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution	on, give atre	set end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
TOR	THE JOHNS HOP	KINS	HOSPITA	L		BALTIMORE CITY								
		COUNTY			10c. CIT	c. CITY, TOWN OR LOCATION tod. INSIDE CI							tod. INSIDE CITY	
Pid	Maryland	Н	oward					t Airy	7					t YES 2 KNO
FUNERAL DIRECTOR	17356 Old	Free	derick R	oad			100	on. ZIP CODE 21.7	771			10g. CIT	USA	WHAT COUNTRY?
E E	11. MARITAL STATUS  1 Never Married 2 Marrie		12. WAS DECEDEN FORCES? 1	EVER IN U.S	NO	13.	If yes, s	CENDENT OF I	Mexica	n, Puerto Ricai	pecify Yes n, etc.)	or No-	t4. RACI Black	E — American Indian, k, White, etc.
9	3 Wildowed 4 Divorced 1956-58						1 [] YE	S 2 ( NO	Specify	<i>r</i> :			<sup>3</sup> WI	fite
COMPLETED	15. DECEDEN (Specify only high Elementary/Secondary (0-12)				(Give kind of life. Do NOT us	USUAL ( work done se retired.)	during m	ION lost of working			ID OF BUS			
MPL			4	' c	Corp. \	lice	Pre				Engi		ing	
	17. FATHER'S NAME (First, Middle, Amidee		ckard							ME (First, Middle)		Surneme)		
TO BE	19e. INFORMANT'S NAME (Type/Pr					end Number or								
-	Ann Clatterbu	ck E	ckard	_					k I		Y	-		1. 21771
	20e. METHOD OF DISPOSITION  1 3 Burial 2 Cremation 3  4 Donation 5 Other (Special Control of Contro		val from State	cemeter)	CEANODATE	nodate of Disposition (Name of Pare Place) Community of Town, State Prove Cemetery 7/23/94 Mount Airy, Md.						wn, State Md.		
j	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22							L. MC	OF FA	CILITY				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approxim									20872				
	shock, or heert	fellure. L	iat only one cau	se on each	line.	not ente	r the m	ode of dying	), suci	h as cardisc	or respi	ratory ar	rest,	Approximate Interval Between Onset and Deeth
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):									24 h-s				
		_	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
N O	Sequentially list conditions,		L. Ve	OR AS A CO	NSEQUENCE O	F):								4-6 Mos
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		Recu	vren.	A CONSEQUENCE OF:					6 mos				
	that initieted events resulting in deeth) LAST													
E CE		d.			c+ T				_					>6 MOS
EDICAL	PART II. Other significent co	onditiona	contributing to	deeth but n	not resulting	In the u	nderlylr	ng ceuse giv	en In		PERFOR	MED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED											,			OF DEATH?
	DID TOBACCO U		ONTRIBUTE	TO CA	USE OF	DEA	TH Y	res 🗆	NO	Ø				
PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER?		HOSPITAL:	Table 1		OTHE	R:	PLACE OF DEA		,,				
2	1 TYES 2 NO 27. MANNER OF DEATH		28e. DATE OF		nt 3 DOA			me 5 Resid	dence	6 Other (Sp. 28d, DESCRI		UURY OO	CUBEO	
87 P	1 Natural 5 Pendi	ing tigation	(Month, D			M	W	YES 2	но			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	507120	
9	3 Suicide 6 Could 4 Homicide determ	F INJURY — / etc. (Specify)	At home, ferm,	etraet, fa	ctory, offi	Ce			ON (Street a own, State)	nd Numbe	r or Rural i	Route Number,		
OMPLE			IAN: To the best of											i) end menner ee stated.
3	29b. SIGNATURE AND TITLE OF C					29c. LICENS						(Month, Day, Year)		
O E	Jones W. 1		- MD/1				44	Me				•	71	19194
	3 ME AND ADDRESS OF PER	57 (			(ITEM 27) (Type		Tr	Baltu	~~~	2/2 e M	8.7. ·	212		wolfe
	31. DATE FILED (Month, Day, Year)	1004	32. REGISTRA			4.	1.	-						
11	still a a	1774	I JENA D	PRODUCE	MAAL BY									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the burier training physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 687604

DHMH-1 R 1/89



		Pages 1a.2, 2 Shou
1		permit.
020	physician.	burial-transit
D 21215-0020	pital or attending physician	ed for use as the burial-transit permit. Page

BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 68760

2

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Uept. Of Realth and Mental Phypene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
2	2	8	Ξ	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			-	,	2. DATE OF DEATH		3. TIME OF DEATH		
	Daisy Mar	ie i	Johnson	E	zey	MONTH DAY	199L	4 8:25 PM		
	212 14 7726			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bir	ATTHPLACE (State or Foreign untry)		
1		U	79 YRS.	DAYS DAYS	HOURS MIN.	May 19 , 100 1 9	15   ~	MD		
~	9e. FACILITY NAME (If not institution, give street	,		b. CITY, TOWN C	R LOCATION OF DEA	ATH	9c. COUNTY OF	FDEATH		
DIRECTOR	PENINSULA REGIONAL	MEDICAL C	ENTER	SALI	SBURY		WICO	MICO		
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY		
PIG	MD Wie	comico	Sa	lisbury	7			LIMITS?		
AL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	731 Booth Street				21801		U. S	5. A.		
5	11. MARITAL STATUS 12 1 7 Never Married 2 Merried	2. WAS DECEDENT EVER I			ENDENT OF HISPANI ecify Cuben, Mexican	C ORIGIN? (Specify Yes	or No— 14, R/	ACE — American Indian, lack, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify:	r darto recari, attar		pecify:		
	15. DECEDENT'S EDUCATI		16a. DECEDENT'S US	UAL OCCUPATION	IN .	16b. KIND OF BUSI	INESS/INDISSED	Black		
E	(Specify only highest grade com	npleted) College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	done during mo		TOO. KIND OF BOSI	MEGS/MDUS IN			
COMPLETED	4.0	known	dome	stic		Self	-employ	red		
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Meiden S				
BE (	Henry Elzey				Hat	tei Johns	on			
5	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town,				
	Novella Dashields					lisbury, M				
	20e. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Removal  4 Donation 5 Other (Specify)		D. PLACE AND DATE OF I Detects, cremetors or other CEN ACLES				ation – city or lisbury			
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ecar ricies		D ADDRESS OF FAC	-				
	•					FOOKS .		Service		
	317 W. ISABELLA SCIECT - Salisbury, MD									
	shock, pr heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	only one ceuse on e	ech line.	2	Sogne		story arreat,	Approximate interval Batween Onset and Death		
-	resulting in deeting	DUE TO (OF AS	A CONSEQUENCE OF):	8	July					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF):							
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):							
F	resulting in death) LAST									
	PART II. Other algolificant conditions of	contributing to death i	out not resulting in	the underfulne	Leones alvas la C					
CAL		online to death t	out not readiting in t	ine underlying	i cause given in P	PERFORM	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
						1 YES 2	ANO	OF DEATH?		
2	DID TOBACCO USE CO	NTRIBUTE TO	CALISE OF F	DEATH V	ES [] NO	-		1 YES 2 NO		
XA!	25. WAS CASE REFERRED TO MEDICAL		CAUGE OF E		ACE OF DEATH (Chec	ck only one)				
S		OSPITAL:   Inpetient 2   ER/Out		THER:  Nursing Hom	e 5 Residence 6	Other (Specify)				
Y PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT RK? 'ES 2 NO	26d. DEŞCRIBE HOW IN	JURY OCCURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, atre- cify)	et, factory, office	,	281. LOCATION (Street ar City or Town, Stete)	nd Number or Run	el Route Number,		
	29e. CERTIFIER									
COMPLET	one) 2 MEDICAL EXAMINER: 0	N: To the best of my know On the beele of examination						e(e) end manner ee stated.		
TO BE	29b. SIGNATURE AND TYPLE OF CERTIFIER	7			15089	BER	29d, DATE SIGN	Le (Month, Day, Year)		
F	Andrew J. V. Orgo	Sh MD	ATH (ITEM 27) (Type, Pri	RIVO	rside à	Dr. AQOG	Sali	56UN, MD.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN								
	JUL 14 1994	Jalia Davide	on Randall							

D.

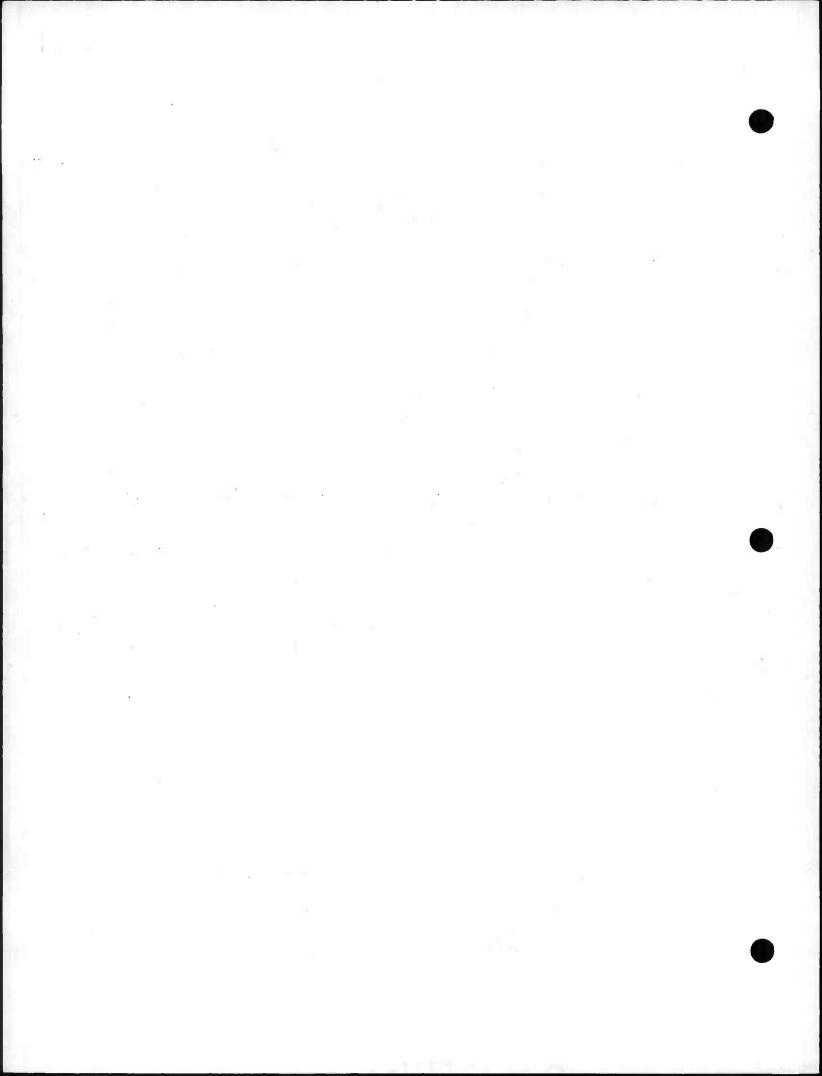
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (First,	Miridia Last)									EG. 140.			
										2. DATE OF S	DA		YEAR	3. TIME OF DEATH
	Roma A.E.									July	10	1	994	9:40 p
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR		R 24 HRS.	7. DATE OF E (Month, De			8. BIRTH Count	IPLACE (State or Foreign
	220-13-981	6	1 🗆 M 2 👾 F	42	YRS.	MONTHS	DAYS	HOURS	MIN.	Decembe		1951		minican Rep.
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DI				INTY OF D	
٣	Deer's Hea	d Car	tor				. 1	- la						
DIRECTOR	RESIDENCE OF DEC	EDENT	itei			1 5	<u>a 113</u>	<u>sbur</u>	У			Wicomico		CO
<u></u>	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION			_			10d, INSIDE CITY
뜻	Maryland	Wic	omico	1	9	Salis	hurs	7						LIMITS?
	10e. STREET AND NUMBER					dili		-						1X YES 2 NO
¥	625 Smith	C+ A	m + 2		10f, ZIP CODE					10g. CITIZEN OF V				WHAT COUNTRY?
BY FUNERAL		J., A						21801					USA	
2	11. MARITAL STATUS  1 Never Married 2 X	Mandad	12. WAS DECEDEN FORCES? 1	YES 2 X		13.	If yea, ac	CENDENT OF HISPANIC ORIGIN? (Specify Yopecify Cuban, Maxican, Puerto Rican, etc.)			etc.)	or No- 14. RACE — American Indian, Black, White, etc.		E — American Indian, k, White, etc.
≥	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES				YES 2 NO Specify:			,,		Spec	
핍 .		EDENT'S EDUC highest grade			Give kind of	work done	durina me	ON ost of work	ina	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Ш	Elementary/Secondary (0	-12)	+)	ille. Do NOT u	se retired.)									
d l	8			M	Maintenance					Ai	rpor	t		
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle	, Maiden :	Surname)		
BE	Robert (u	nk)	Reynoso						ria	(unk	)	Lope	7	
	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRES	S (Street							
2	Laudi Jimen	0.7		- 1				and Number or Rural Route Number, City or Ro a St., Salisbury,						
	20a. METHOD OF DISPOSIT			005 0140	EANDDATE				, 36	DATE			City or To	Co. PHI
	1 □QBuriel 2 □ Crematic	n 3 🗆 Ramo	oval from State	cemetery, o	crematory or o	ther place	)			1				
	4 ☐ Donation 5 ☐ Other	7	- FNOSS	_ pars	ons C	-				7/13	Sa	lisb	ury,	MD
	21. SIGNATURE OF POSETY	L SERVICE LIC	ENSEE	1		22		1 OW S		neral	Home			
	Chock						-					MD 21001		
	23 PARO I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line.  Approximate interval Retuseen													
NO	Acquired Immuno Deficienty Syndrome with 5 yrs.  Acquired Immuno Deficienty Syndrome with 5 yrs.  Sequentially list conditions.													
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL (	PART II. Other aignifice	nt condition	death but no	leath but not resulting in the underlying ceuse given in				PERFORMED? AM CC The state of t			. WERE AUTOPSY FINDINGS AMBLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF D	DEATH (Ch	eck only one)				
	1 TES 2 NO		1 Xinpatient 2	ER/Outpatient	3 DOA	4 Nu		ne 5 🗆 R	esidenca	8 Other (Sp	ecify)			
PHYS	27, MANNER OF DEATH		26a. DATE OF (Month, E	INJURY	26b. TIN	E OF	28c. (N.	JURY AT		28d. DESCRIE	E HOW IN	NJURY OC	CURED	
	_	Pending Investigation	(MORIT, L	ray, rear)	114.	JURY		ORK? YES 2 [	NO					
à l	2 Pulaide	home, tarm,	street, fac	tory, offic	:0		281, LOCATIO	N (Street a	nd Numbe	r or Rural I	Route Number			
3		Could not be detarmined	building,	atc. (Specify)							wn, State)			
COMPLET	onel		CIAN: To the bast of a											e) and manner as stated.
ם ט	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUI	WBER	Т	29d. DAT	E SIGNED	(Month, Day, Year)
" N. Curo-11: Mr 1/16270   7/11/03/									1104					
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			; P.O.E				shu	rv	Md	2180	2		1	16.
	31. DATE FILED (Month, Day,			AR'S SIGNATURE		1 1	D U	· J ,	HU.	2100				
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SION OF VITAL RECORDS, P.O. BOX 68760.	HVSII	DR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit armit has been signed by the atth and Mental Hygiene prior to burial, cremation, or removal.
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	I	FOR	4.	PER	INFORMANT					 		
1	•	STAT	E STRA	R		SIAIE	OF MAI	DEPARTMENT RTIFICATE		MENTAL	HYGI	

4					F DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last	Arland	Ely			2. DATE OF DEATH MONTH JULY 19,	<b>(</b> *994 )	3. TIME OF DEATH	
	4. SOCIAL SECURITY 299-42-67		E (In yrs. lest birthdey)	# 1880F0 4 MF4				11:40	
	<del>204 24 6719</del>	1 🗆 M 2 💢 F	102 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Vear) Dec. 25,	1891	BIRTHPLACE (State or Fore Country) Ohio	
	9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOW	N OR LOCATION OF DE	PEATH Sc. COUNTY OF DEATN			
FUNERAL DIRECTOR	Arcola Nursing & Reh	abilitation Cer	iter	Silve	r Spring		Montgomery		
2	10a. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY	
百	Maryland Mon	tgomery	Sil	ver Sp:	ring		1 🗌 YES :		
월	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
E I	901 Arcola Avenu	е			20902		ed States		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMEO		DECENDENT OF NISPAN			I. RACE — American Indian Black, White, etc.	
B≼	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 YE			, specify Cuban, Mexican YES 2 NO Specify.			Specify: White	
	15. DECEDENT'S ED (Specify only highest grad	UCATION	18a. DECEDENT'S	USUAL OCCUP	ATION	16b. KINO OF BU	SINESS/INDUS		
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	e retired.)	most of working	1 2 3 1			
4	12		home	maker		Own	Home		
COMPL	17. FATNER'S NAME (First, Middle, Last)								
Ü	Henry W. Hahn					Æ (First, Middle, Meiden Tinker			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAII ING	ADDRESS /S-	net and Number or Rural R	m State 7in C	oriel		
임	Raymond Ely				od Parkway				
	209. METHOD OF DISPOSITION	T.							
	1 Deriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from State	Park Cem	AND DATE OF DISPOSITION (Name of annion of the place)  K Cemetery  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY					
	21. SIGNATURE OF FUNERAL SERVICE L	D 1							
	> Cooper	6/ 1/2	A D	Rap	p Funeral Gist Aven	Services,	P. A.	ng, MD 2091	
	23. PART I. Enter the diseases, or								
N N		DUE TO (OR AS	S A CONSEQUENCE OF	ŋ:					
IIFICATIC	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	S A CONSEQUENCE OF						
ERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
EDICAL C	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c.  DUE TO (OR AS  d.  one contributing to death	S A CONSEQUENCE OF	n the underly	ying cause given in i	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	
MEDICAL C	if eny, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.  DUE TO (OR AS  d.  one contributing to death	S A CONSEQUENCE OF	n the underly	ying cause given in i	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
MEDICAL C	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.  DUE TO (OR AS  d.  one contributing to death	S A CONSEQUENCE OF	n the underly		PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
MEDICAL C	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions to the condition of the condition of the cause of	DUE TO (OR AS  d.  one contributing to death  CENSORVOLS	but not resulting in	n the underly	. PLACE OF DEATN (Che	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	
SICIAN: MEDICAL C	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	DUE TO (OR AS  d.  one contributing to death  CENSON CO. S  HOSPITAL:  1   Inpetient 2   ER/O	S A CONSEQUENCE OF	n the underly  26  OTHER: 4 Å Nursing N	. PLACE OF DEATN (Che	PERFOI  1 VE\$ 2  ck only one)  6 Other (Specify)	RMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL C	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	d.  DUE TO (OR AS  d.  Place of the contributing to death  Cenabrova. S  HOSPITAL: 1   Inperient 2   ER/Or  28a. DATE OF INJUR (Month, Day, Year	S A CONSEQUENCE OF but not resulting is	other: 4 Mursing Net 28c.	. PLACE OF DEATN (Che	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL C	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DUE TO (OR AS  d.  Due To (OR AS	but not resulting in Color of DOA  utpatient 3 DOA  Y  28b. Time INJU	28 OTHER: 4 Å Nursing N	. PLACE OF DEATN (Che Nome 5 Residence (INJURY AT WORK?	PERFOI  1 VE\$ 2  ck only one)  6 Other (Specify)	NJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 N	
ETED BY PHYSICIAN: MEDICAL C	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident   Suicide   Could not be determined  29e. CERTIFIER Check only CERTIFYING PHY	DUE TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due To (OR AS	but not resulting in Calland July 1 DOA 1 1 July 1 DOA 1 1 July 1	280 OTHER: 4 (Nursing Ne OF Parker) M 1 [ Add at the time, d	PLACE OF DEATN (Che Nome 5 Residence NUJURY AT WORK? YES 2 NO office	PERFOI  1 VES 2  Ck only one)  B Other (Specify)  28d. DESCRIBE NOW (City or Rown, State)  to the cause(e) and main	NJURY OCCUI	AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO RED  Rural Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL C	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident   Suicide   Could not be determined  29e. CERTIFIER Check only CERTIFYING PHY	DUE TO (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  Due To (OR	but not resulting in Calland July 1 DOA 1 1 July 1 DOA 1 1 July 1	280 OTHER: 4 (Nursing Ne OF Parker) M 1 [ Add at the time, d	. PLACE OF DEATN (Che Nome 5 Residence INJURY AT WORK? YES 2 NO Iffice date end place, and due n, death occured at the te	ck only one)  B Other (Specify)  28d. DESCRIBE NOW is City or Town, State)  to the cause(e) and maitime, date and place, ar	NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CATH?  1 YES 2 NO  RED  Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL C	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident   Suicide   Could not be determined  29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER OF DEATH   Medical Examined  29b. SIGNATURE AND TITLE OF CERTIFI	DUE TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due TO (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  d.  Due To (OR AS  Due To (OR	but not resulting in Calland July 1 DOA 1 1 July 1 DOA 1 1 July 1	280 OTHER: 4 (Nursing Ne OF Parker) M 1 [ Add at the time, d	PLACE OF DEATN (Che Nome 5 Residence I INJURY AT WORK?  YES 2 NO office  Sate end place, and due In, death occured at the I 20c. LICENSE NUM	PERFOI  1 YES 2  Ck only one)  B Other (Specify)  28d. DESCRIBE NOW (  City or Town, Stele)  to the cause(e) and mainine, date and place, ar	INJURY OCCUI	AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  cause(e) end menner ee sta  BIGNED (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL C	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER ONE)  29b. SIGNATURE AND TITLE OF CERTIFICATION OF	DUE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  DIE T	but not resulting in Color Doc Doc Doc Doc Doc Doc Doc Doc Doc Doc	26 OTHER: 4 M Nursing N E OF 28c. URY M 1 [ street, factory, o	PLACE OF DEATN (Che Nome 5 Residence I INJURY AT WORK?  YES 2 NO office  Sate end place, and due In, death occured at the I 20c. LICENSE NUM	ck only one)  B Other (Specify)  28d. DESCRIBE NOW is City or Town, State)  to the cause(e) and maitime, date and place, ar	INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CATH?  1 YES 2 NO  RED  Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL C	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINERONE)  29b. SIGNATURE AND TITLE OF CERTIFICATION  30. NAME AND ADDRESS OF PERSON W.	DUE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  DIE TO (O	but not resulting in Color Dear Doa No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA No. 1 DOA NO. 1 DOA	26 OTHER: 4 M Nursing N E OF 28c. URY M 1 [ street, factory, o	PLACE OF DEATN (Che Nome 5 Residence 1) NJUSY AT WORK?  YES 2 NO office dete and place, and due in, death occured at the in the interpretation of the inte	PERFOI  I YES 2  Ck only one)  B Other (Specify)  28d. DESCRIBE NOW (  28t. LOCATION (Street City or Town, State)  to the cause(e) and mainine, date and place, and  BER	INJURY OCCUI	AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  cause(e) end menner ee sta  BIGNED (Month, Day, Year)	
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BE COMPLETED BY PHYSICIAN: MEDICAL C	If erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29. CERTIFIER (Check only one) 2 MEDICAL EXAMINERONE)  29b. SIGNATURE AND TITLE OF CERTIFICATION  30. NAME AND ADDRESS OF PERSON W.	DUE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  d.  DIE TO (OR AS  DIE TO (O	but not resulting is  but not resulting is  color of the	26 OTHER: 4 M Nursing N E OF 28c. URY M 1 [ street, factory, o	PLACE OF DEATN (Che Nome 5 Residence 1) NJUSY AT WORK?  YES 2 NO office dete and place, and due in, death occured at the in the interpretation of the inte	PERFOI  I YES 2  Ck only one)  B Other (Specify)  28d. DESCRIBE NOW (  28t. LOCATION (Street City or Town, State)  to the cause(e) and mainine, date and place, and  BER	INJURY OCCUI	AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1 YES 2 NO  RED  Rural Route Number,  cause(e) end menner ee sta  BIGNED (Month, Day, Year)	

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	TSEDALE	ESSI	EYE			2. DATE OF DEAT	16, 19	) g 4°	3. TIME OF DEATH 10:00 P M	
	4. SOCIAL SECURITY NUMBER 579-21-5145	1 M 2 KF	GE (In yrs. lest bi		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye NOV . 28	1932	a. BIRTH	HPLACE (State or Foreign	
DIRECTOR	90. FACILITY NAME (If not institution, give sti SUBURBAN HOSPITAL RESIDENCE OF DECEMENT	set and number)		9		HESDA	EATH		ONTG	OMERY	
EC	10a. STATE 10b. COUNTY		11	Oc. CITY, T	OWN OR LOCA	ION				10d, INSIDE CITY	
	ETHIOPIA  100. STREET AND NUMBER			Add	is ab	eba ZIP CODE				LIMITS?  1 X YES 2 X X X X	
FUNERAL	House 351, Kef				06			E	THIO	PIA	
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)  FYES, GIVE WAR OR DATES 1 YES 2 NO Specify:  Specify:									E - American Indian, k, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give	DENT'S US kind of work NOT use n	UAL OCCUPATION done during mo	ON st of working	16b, KIND O	F BUSINESS/IN	OUSTRY		
MPL	6 17. FATHER'S NAME (First, Middle, Lest)		Home	emak	er	Fra	ME (First, Middle, M.	vn Hon	ae		
BE CO	Esseye Gabru					(unobt	ainable	e)			
5	190. INFORMANT'S NAME (Type/Print) Seyfu Akalehiwa	ot	19b. M H O	use 3	B51, Kei	itegna-1	Aoute Number, City of 16, Kebela	Town, State, Z	o code) E ldis	THIOPIA Abeba,	
	20a. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 Remo	ival from State	20b. PLACE AND	DATEOF	DISPOSITION (N	me of	DATE 20	LOCATION -	- City or To	own, State	
	St. Michael Church Cemetery 7/23/74 Yeka, Ethiopia  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND AGORESS OF FACILITY ARLINGTON FUNERAL HOME  3901 N. Fairfax Dr. Arlington, VA 22203										
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest.  Approximate										
	ahock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition Training Cause Training Cause Caus										
	resulting in death)  a. Kidney Failure  Oue to (or as a consequence of):										
NOL	Sequentially list conditions, If any, leading to immediate  Hypertension  Due to (or as a consequence of):										
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury Cause Melletus Years										
CERTIFICATION	that initiated events resulting in death) LAST  d										
EDICAL C	PERFORMED? AM								WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
Σ							1   1   1	ES 2 X NO		OF DEATH?  1 YES 2 NO	
AR	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE	OF D							
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpatient 3 🗌		THER:	ACE OF OEATH (Ch		)			
	27. MANNER OF DEATH  TX Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea		Bb. TIME C	Y WC	URY AT PRK? (ES 2 NO	26d. DESCRIBE H	OW INJURY O	CURED		
ED BY	2 Accident investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (5	URY — At home, Specify)	farm, stre			28f. LOCATION (S City or Town,		or Aural I	Route Number,	
LETI	290. CERTIFIER	CIAN: To the best of my k	nowledge death	occurred o	if the time date	and place, and due	to the council on	1	eta d		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER									e) end manner ee stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTURA	d			M.D.	29c, LICENSE NUI 20216	MBER	29d. DA	TE SIGNED	20, 1994	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BRIAN P. GOLDSTEIN, 3800 Reservoir Road, N.W. Washington, D.C. 20007										
	31. DATE FILEO (Month, Day, Voar) 32. REGISTRAR'S SIGNATURE										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the bunal-trained be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

A Maintenant

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

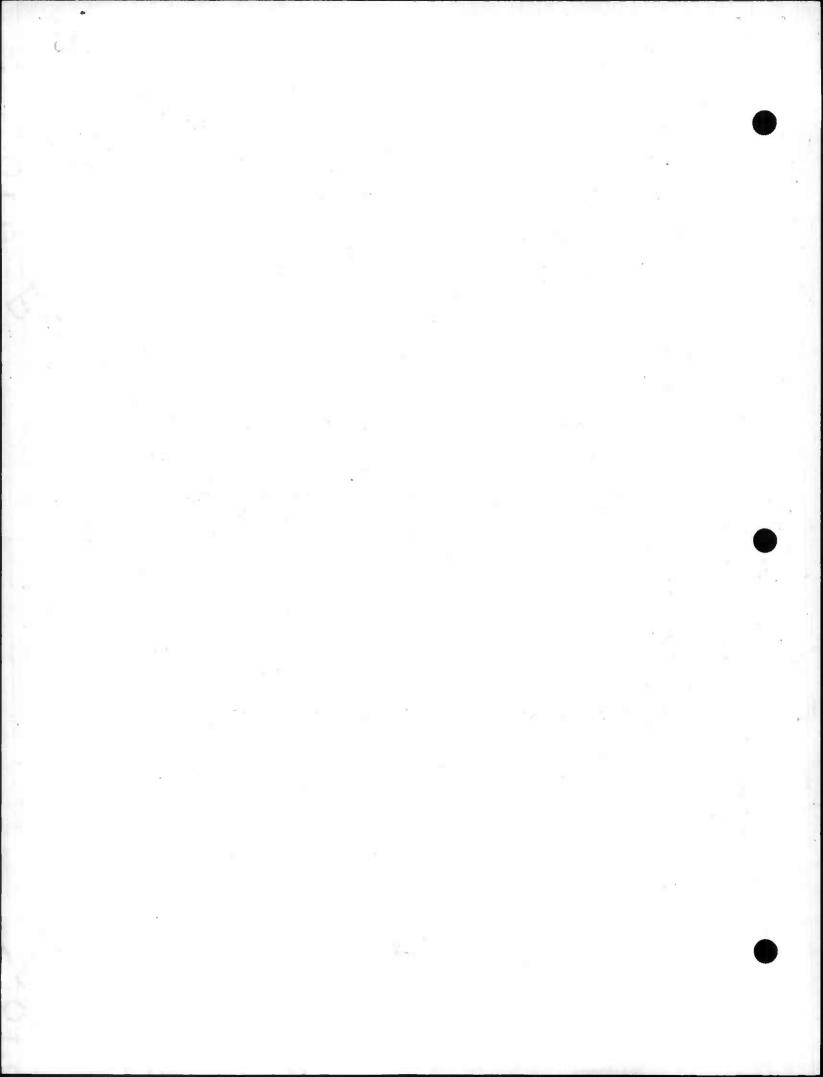
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DHMH-1/ Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.  TO THE FUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tra lefe within 72 hours after clearly with the State Dept. of Health and Metral Hypiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle Leet)	2ieR				2. DATE OF		ăi.	3. TIME OF DEATH 8:05 PI		
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D		8. BIRT	HPLACE (State or Foreign		
	407-40-1757A 1  9a. FACILITY NAME (If not institution, give street		55 YRS.		R LOCATION OF DE	3-16	-29		ntucky		
DIRECTOR	St Agnes Hospital			Baltimo				None			
REC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATE	ON				10d. INSIDE CITY LIMITS?		
	Maryland Balti 100. STREET AND NUMBER	.more	Bal	timore	ZIP CODE		1 10	- CITIZEN OF	1 X YES 2 NO		
FUNERAL	4430 Parkton Stre	et		10.	21229				States		
FU		2. WAS DECEDENT EVER IN FORCES? 1 YES	2 THO		NDENT OF HISPANI city Cuben, Mexicen		Specify Yes or I		CE — American Indian, ck, White, etc.		
ВУ	IF YES, GIVE WAR OR DATES 1 ☐ YES 2 NO Specify: Sp								chy: hite		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  17. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.)										
#PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Waitress			F F	ond Se	rvice			
	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										
BE	Logan Cordle  Josie Hall  19a. INFORMANT'S NAME (Type/Print)  19b. MAII ING ADDRESS (Street and Australia or Burel Boyde Mumber City or Four Step. 7b Code)										
5	Paul B. Frazier  19a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  4430 Parkton Street Baltimore, MD 21229										
	20s. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATEOF DISPOSITION (Name of cemetory, cremetory or other place)  20c. LOCATION — City or Town, State										
	4 Denetion 8 Denetion										
	+ Home &	2. Yalita	4						Inc. t_City 2104		
	23. PART i. Enter the diseases, or com shock, or heart silure. Lis	nplications that caused	the desth. Do not	enter the mod	le of dying, such	ss cardiac	or respirato	ry arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Fine)										
	resulting in deeth) e		CONSEQUENCE OF):	cana					2 months		
NO	Sequentially list conditions										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
TIE	CAUSE (Disease or injury that initiated events resulting in death) LAST										
	d										
CAL	PART ii. Other aignificent conditions c	ontributing to death b	ut not resulting in t	the underlying	ceuse given in F		PERFORMED	77	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI						-   1	YES 2	NO	OF DEATH?		
N.	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NC						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	IOSPITAL:  Sinpatlant 2 - ER/Outp		THER:	CE OF DEATH (Che						
HYS	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJU	5 Residence 8		pecify) IBE HOW INJUR	TY OCCUREO			
ВУ	1 Matural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO		NI	·			
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, lerm, stre	et, inctory, office		City or To	ON (Street and A fown, State)	lumber or Rural	Route Number,		
COMPLET	294. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my know!	ledge, death occurred a	et the time, data	and place, and due t	o the cause(	a) and menner	es stated.			
NO	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end man										
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNEO (Month).  7. 19. 94										
2	30 NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA									
	LYVONNE OTTAVIA			-VE.	BALTIMO	RE	MD	2122	-9		
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE  JUL 2 2 1994 (Value Contraction)										

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physici	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-
	nours after dea	filled in by the fu
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	v requires that the death certificate be executed within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DIVISION OF VITAL	. OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has t

31. DATE FILED (Month, Day, Year)
JUL 14 1994

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	1. DECEDENT'S NAME (First, Middle, Les JAMES RUPER'S					ATH	2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX					July 1			9:30 A
	205-10-1471	1 📉 M 2 🗌 F	6. AGE (In yrs. lest birthdo	MONTHS	DAYS HOU	NDER 24 HRS.	7. DATE OF SIR (Month, Day, 9-4-1	Year)	Country	
-	9a. FACILITY NAME (If not institution, giv	e street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH	
DIRECTOR	Salisbury Nursin	g & Rehab	Center	Sali	Salisbury, Md. 21801 Wicomico					0
	Md .	Wicomico			TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
Z Z	100. STREET AND NUMBER	l- D-3			10f. ZIP CODE 10g. CITIZEN OF WHAT C					
D BY FUNERAL	26581Riverban  11. MARITAL STATUS  1  Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. ARMED  XYES 2 NO WAR OR DATES  KOrea	21801  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 TONO Specify:  Specify:  Specify:						- American Indian, White, etc.
					100			hite		
must be notified at once.  TO BE COMPLETE	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind life. Do NO	of work done du I use retired.)	ring most of w	rorking		OF BUSINESS/IND	USTRY	
	17. FATHER'S NAME (First, Middle, Last)	-4+	Nava1	Offic		MOTHER'S NA	ME (First, Middle,	S.Navy	-	
	Wilfred B. Fo	ch+						Maruen Surneme)		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	NG ADDRESS			Young Route Number, City	or Town, State, Zip	Code)	
	Elizabeth Foo	ht.								. 21801
	20a, METHOD OF DISPOSITION 1 Burlal 2 Commetter 3 Re		20b. PLACE AND DA	TE OF DISPOSIT	ION (Name of			20c. LOCATION — C		
	4 Donation 5 Other (Specify)	emoval from State	cernetery, cremetory	rn Sho	ore C	rem.	7-14	George	tow	n, Del.
_	23 PATT i Enter the diseases	Ind	lh.							
	23 PART I. Enter the diseases, c shock, or heer failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. OM DUE TO	PU CATI	o not enter t		dying, suc	ch aa cardiac o		eat,	Approximata interval Between
HILLGAILON	immediate Cause (Final disease or condition	a. OM DUE TO DUE TO C.	use on each line.	O not enter t		dying, suc	ch aa cardiac o	r reapiratory arm	eat,	Approximata interval Between
C	shock, or heert failight the same or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO  d. DUE TO	OR AS A CONSEQUENCE	o not enter t	ha mode of	dyling, suc	Part I. 24a. V	r reapiratory arm	246.	interval Betwee Onset and Del 3 44 3 44 3 44 3 44 3 44 3 44 3 44 3
MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  d. DUE TO	OR AS A CONSEQUENCE	o not enter t	ha mode of	dyling, suc	Part I. 24a. Y	AS AN AUTOPSY	246.	Approximate interval Betwee Onset and De 3 444
MEDICAL C	Shock, of heert fallys in MEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A CONSEQUENCE	OF):	ertying cau	dyling, suc	Part I. 24a. y	MAS AN AUTOPSY PERFORMED?	246.	Approximate interval Betwee Onset and De 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
MEDICAL C	Shock, of heert fallys in MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significant conditions of the conditions	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 □ Inpetient 2	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE  death but not resulting	OTHER:	erlying cau  26. PLACE 6	se given in  OF DEATH (C)	Part I. 24a. V P 1	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	Approximata interval Betwee Onset and De. 3 4/10 an
PHYSICIAN: MEDICAL C	Shock, of heert fallys in MEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the conditions	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1   Inpatient: 2   28e. DATE OF (Month, Control of the con	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OTHER:  OTHER: 4 Nursi	28. PLACE 0: ing Home 5 [28c. INVORK? 1   YES	se given in  OF DEATH (Cr	Part I. 24a. Y  Deck only one)  6 Other (Spec	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b. \	Approximata interval Betwee Onset and De 3 CM STATE ON STATE OF STATE ON STATE OF ST
ED BY PHYSICIAN: MEDICAL C	Shock, or heert fallige IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  L. L. L. L. L. L. L. L. L. L. L. L. L. L	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. Inpetient 2 28a. DATE OF (Month, Date of pullding)	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OTHER:  OTHER: 4 Nursi	28. PLACE 0: ing Home 5 [28c. INVORK? 1   YES	se given in  OF DEATH (Cr	Part I. 24a. Y  Deck only one)  6 Other (Spec	NAS AN AUTOPSY PERFORMED? YES 2 NO  Hy) HOW INJURY OCC	24b. \	Approximate interval Betwee Onset and Del 3 Cyrus 3 Cyrus 3 Cyrus 3 Cyrus 3 Cyrus 3 Cyrus 3 Cyrus 4 Cy
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, of heer fallys infime disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significant conditions are suiting in death of the conditions of the cause o	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28- DATE OF (Month, December 2) 28- PLACE Coulding,	COR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OTTHER: OTHER: OF: OF: OF: OF: OF: OF: OF: OF: OF: OF	26. PLACE 0: Ing Home 5 [28c. INVORK? 1   YES	Se given in  OF DEATH (Cr.  Residence  T  2  NO	Part I. 24a. v P 1	MAS AN AUTOPSY PERFORMED? YES 2 NO  (Street and Number of State)	24b. \\ URED \\ Or Rural Ro	Approximate interval Betwee Onset and De 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
ED BY PHYSICIAN: MEDICAL C	Shock, of heer fallys infime disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significant conditions are suiting in death of the conditions of the cause o	B. DUE TO  b. DUE TO  c. DUE TO  d	(OR AS A CONSEQUENCE  (OR AS A CONSEQUENCE	OTTHER: OTHER: OF: OF: OF: OF: OF: OF: OF: OF: OF: OF	26. PLACE 6: ing Home 5 [26c. INJURY WORK? 1 YES ry, office	Se given in  OF DEATH (Cr.  Residence  T  2  NO	Part I. 24a. v  Part I. 24a. v  1   Octoor Spec  28d. DESCRIBE  28f. LOCATION City or Town  to the cause(e) e  time, date and pi	NAS AN AUTOPSY PERFORMED? YES 2 NO  (Street and Number of, State)  and manner as state ace, end due to the	24b. 1  24b. 1  URED  or Rural Ro	Approximate interval Betw Onset and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do State and Do

11104 HEALWAY DRIVE, SALISBURY, md.

FOR

permit of 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020 CONTRACTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tranbe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

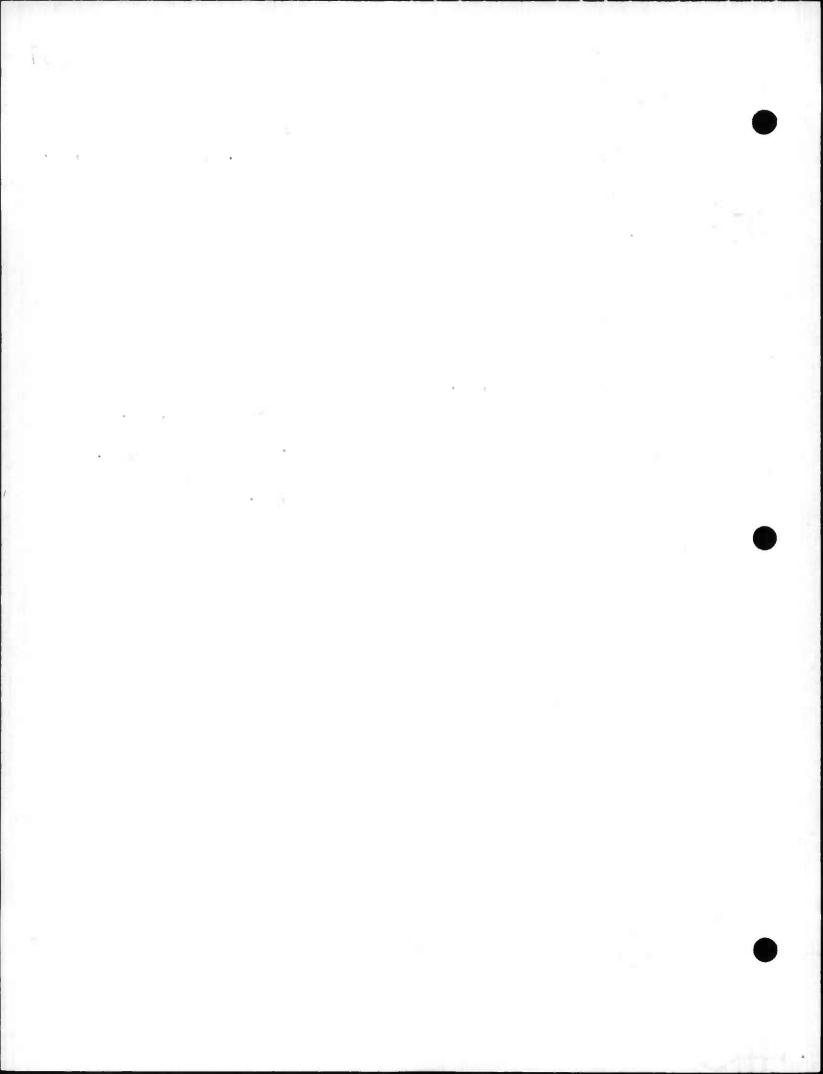
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)			1		2. DATE OF DEATH	AY Y	3. TIME OF DEATH			
	LARRY	MELVIN		Tore	man	July 1	4 4	94 1900PM			
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	APROPRINTED	54 51	ASIRTHPLACE (State or Foreign NOWHILL, MD.			
	9a. FACILITY NAME (If not institution, give street a		THS.	AL OUTH TOWN		<u> </u>					
<u>۳</u>	PENINSULA REGIONAL		ENTER	SALIS	OR LOCATION OF DE	EATH		Y OF DEATH OMT CO			
5	RESIDENCE OF DECEDENT			Y. TOWN OR LOCA			WIC	OMICO			
FUNERAL DIRECTOR	MD. WORC	10d. INSIDE CITY LIMITS?  1 X YES 2 NO									
月	10e. STREET AND NUMBER		N OF WHAT COUNTRY?								
NE		BLE BRIDGE			21863		USA				
	1 Never Married 2 Merried	WAS DECEDENT EVER IN 1 FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPAN pecify Outban, Maxica S 2 \( \text{NO} \) Specify	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	i or No— 14	t. RACE — American Indian, Black, White, etc. Specify:			
D BY	3 Widowed 4 Divorced							BLACK			
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during m	ION ost of working	16b. KIND OF BU	SINESS/INDUS	ITRY			
COMPLETED	Elementary/Secondary (0-12) Co	llege (1-4 or 5+)	LABO	*		REPAIR	1AN				
	17. FATHER'S NAME (First, Middle, Last)	CIVIEV ID			18. MOTHER'S NA	ME (First, Middle, Maiden FOREMAN	Surname)				
BE	CLIFTON SHO	LKLET, JR.	405 14411 1910	ADDRESS (0)							
2	ZENIA HARMON		224 W	EST 14t	h STREET;	Number City or You WILMINGTO	n, State, Zip Co	L. 19901			
	20s. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Removal (	rom State 20b. F	PLACE AND DATE	OF DISPOSITION (A	lame of		CATION — CIT	y or Town, Stata			
	4 Donation 5 Other (Specify)		INT WESE		IND ADDRESS OF FA		OWHILL	, MD.			
	· Loretta &	Joeley		JOLLE	Y MEMORIA SBURY. MC	AL CHAPEL:	1213	JERSEY ROAD			
	23. PART i. Enter the diseases, or comp	ilications that coused t	the death. Do n	not enter the m	ode of dying, suc	h as cerdiac or reap	iratory arrea				
	shock, or haert failure. Liet immediate CAUSE (Finel disease or condition	only ona cause on aed	on line.	0	[7	= 0		Interval Between Onset and Death			
	resulting In death) a	OUE TO (OR AS A C	CONSEQUENCE OF	n:	7	ason		Minu			
N	Sequentially list conditions, a forma Perron Cercl Corden Sarcardos gea										
CERTIFICATION	if erry, leading to immediate cause. Enter UNDERLYING										
HE	CAUSE (Disease or injury that Initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	F):							
CER	d										
	PART II. Other algnificant conditions co	ntributing to deeth but	t not resulting I	In the underlying	ng ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
DICAL	nersany	Lege-	dest	fall	100	1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
ME	DID TOBACCO USE CON	Tilling TO	CALIFE OF	DEATH	JUL DIO			1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	AIRIBUIE /IO C	LAUSE OF		YES NO						
PHYSICIAN:	EXAMINER? HO	SPITAL:	tient 3 DOA	OTHER:	ne 5 Residenca						
높	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OCCUP	RED			
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
TED	3 Suicide 8 Could not be detarmined	building, etc. (Specif)	— At home, farm, street, factory, office			201. LOCATION (Street City or Town, Stete)		Rural Route Number,			
PE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my knowled	dge, death occurre	ed at the time, dat	a and placa, and due	to the cause(s) and me	nner as stated.				
COMPLET	onel							cause(s) end menner as stated.			
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	18			29c. LICENSE NUI		29d. DATE S	SIGNED (Month, Def, Year)			
TO B	J.Kr	John	- سىم	~	Doad	20		1/11/54			
	John Q. Greek	MPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print)	SL SA	lisbury	иО	2/80/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	uncy.	ot. Ja	4150ury	riv .	21001			
	JUL14 1994	Julia d'aviles	Mardell								

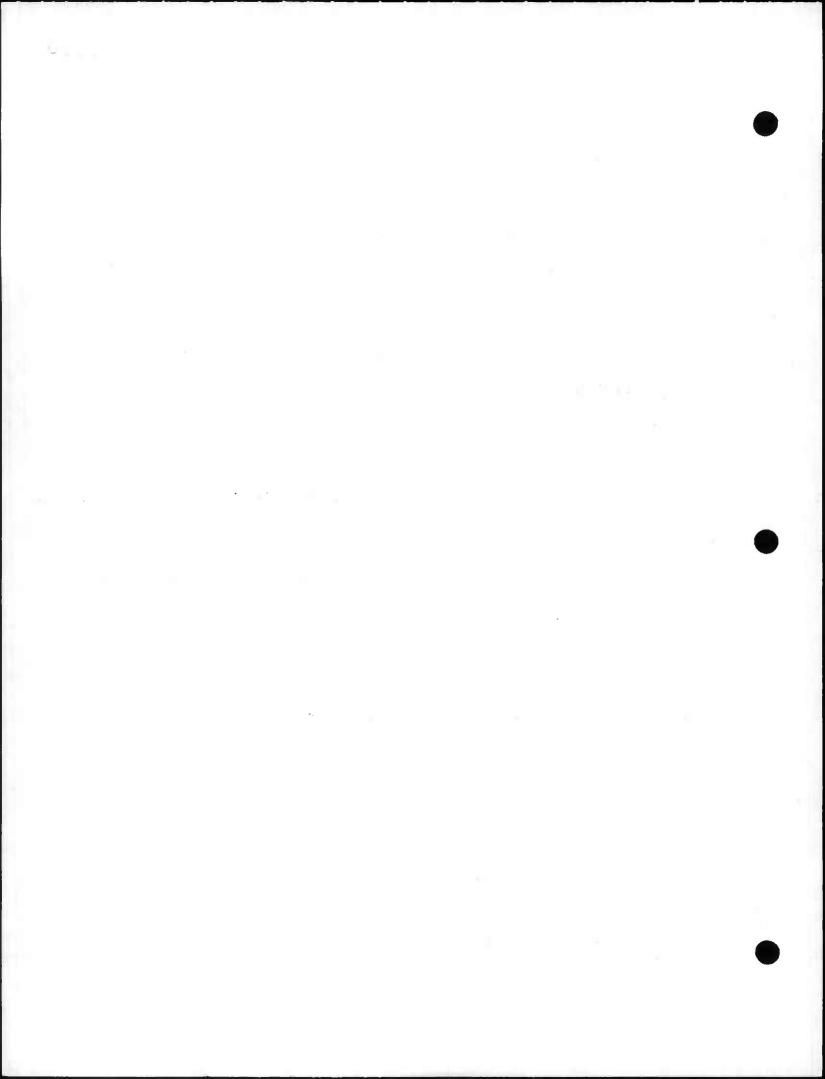
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FOR

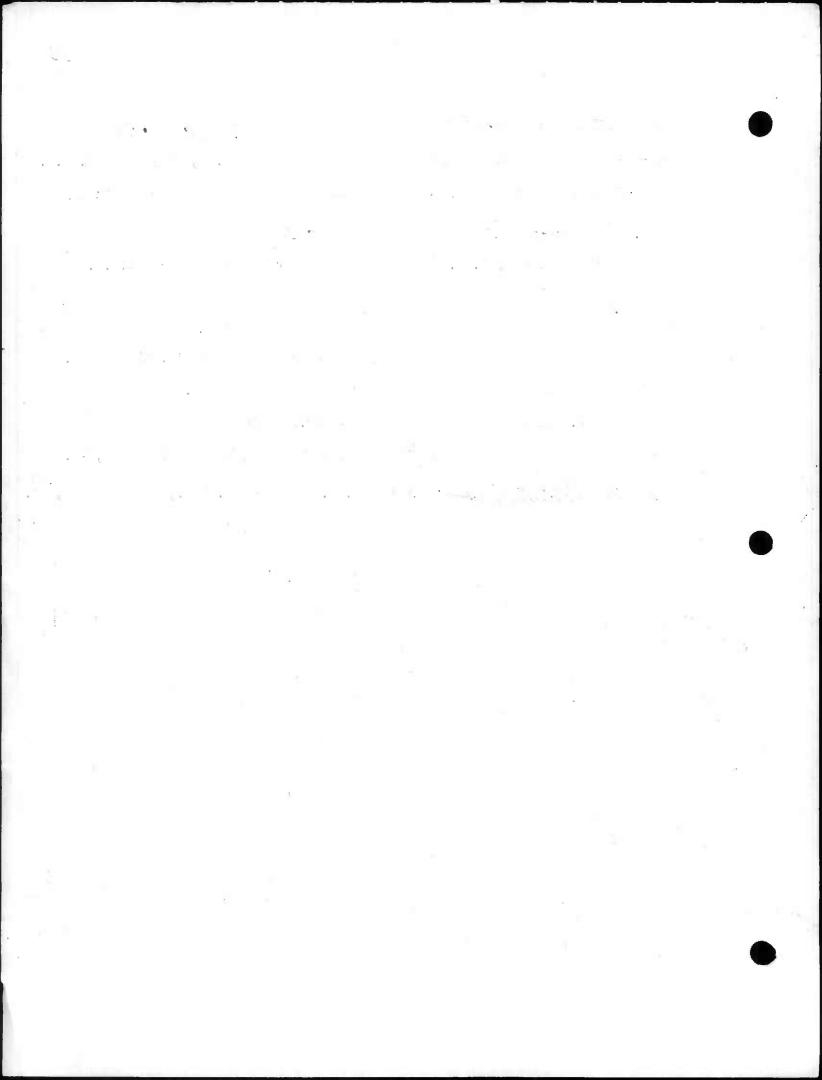
### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH		REG. N	D.					
	1. DECEDENT'S NAME (First, Middle, Lest)					OF OEATH			3. TIME OF (	EATH		
	LILLIAN BERLINSKY FL	ETCHER			MONTH.	19.	1994	YEAR	1:50	PM u		
		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 MRS.		OF BIRTH	1777	A BIRTH	PLACE (State of			
	577-07-0574 1 🗆 M 2 🛣 F	92 YRS.	MONTHS DAYS	HOURS MIN.	(Month	, Day, Year)	1902	Countr	INGTO			
	Be. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	R LOCATION OF D				NTY OF D				
DIRECTOR	HEBREW HOME OF GREATER WA	SHINGTON	ROCK	VILLE			MO	ONTGO	MERY			
Ĕ	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	ION		-			10d. INSIDE	CITY		
	MARYLAND MONTGOMERY	RO	CKVILLE						1 X LIMITS?	□ NO		
AL	10e. STREET AND NUMBER		101. ZIP CODE						WHAT COUNTR			
FUNERAL	6121 MONTROSE ROAD		20852 UNITED S						STATES			
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced  12. WAS DECEDENT EV FORCES? 1 No.	YES 2 XNO	II yes, sp	ENDENT OF HISPA ecity Cuben, Mexics 2X NO Specif	an, Puarto F	? (Specify Y tican, etc.)	es or No—	14. RACE Black Specif	- American i, White, etc.	·		
ED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEOENT'S	USUAL OCCUPATION	ON and an address	16b.	KIND OF B	JSINESS/INC	DUSTRY				
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	se retired.)									
COMPLETED	8	CLERE	SUPERV	ISOR		WES	TERN	UNIC	)N			
CO =	17. FATHER'S NAME (First, Middle, Lest)  MAX BERLINSKY			18. MOTHER'S NA		ANDEI						
00	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Numb	er, City or To	wn, State, Zie	Code)				
2	HENRY BERLINSKY			L AVENUE					D.C.	20016		
	20a METHOD OF DISPOSITION  1 N Burlet 2 Cremation 3 Removal from State  4 Donetion Dotter (Specify)	20b. PLACE AND DATE CEMPLE OF COMPLETE OF			7/20		OCATION —					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	JUDIAN FILE		ID ADDRESS OF FA		OLL	EY. N	IAKII	WIND			
	· clastic		DANZA	NSKY-GOL ROCKVILL	DBERG				_			
	23. PART I. Enter the diseases, or complicatione that can	used the desth. Do r										
Į.	ahock, or heart fallure. List only one cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition  Paccal E APP TIME  Onset and Dasth											
	DUE TO (OR AS A CONSEQUENCE OF):											
z	ATTICLE COLLEGE OF ACTION OF ACTION											
CERTIFICATION	Sequentially list conditione, if any, leading to immediate  Due to (or as a consequence of):											
S	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initisted events DUE TO (OR	AS A CONSEQUENCE OF	f):									
ER	resulting in death) LAST											
	PART II. Other significant conditions contributing to das	th but not reaulting	in the underlying	cause given in	Part I.	24a, WAS A	N AUTOPSY	/ 24b.	WERE AUTOPS	Y FINDINGS		
DICAL						PERF	RMED?		AMILABLE PR	IOR TO		
ш					-	1 TYES	2RO		OF OEATH?			
Σ	DID TOBACCO USE CONTRIBUTE 1	CAUSE OF	DEATH Y	ES I NO					1 TYES 2	□ NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	O CAUSE OF		ACE OF DEATH (CA		n)						
SIC	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inputient 2 ER/	Outpetlant 3 DOA	OTHER:									
Ä	27. MANNER OF OEATH 28s. DATE OF INJU			● 5 Residence	100	CRIBE HOW	INJURY OC	CHRED				
	Netural 5 Pending (Month, Day, Ye		URY WO	RK? 'ES 2 NO				001125		- 1		
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJ	JURY — At home, term,			28t. LOCA	ATION (Street	and Number	r or Rumi B	loute Number,			
TED	4 Homicide 8 Could not be datermined building, atc.	(Specify)				or Town, State		0. 1.0.0.	oute riginious,			
٦	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my le	mowiedge, death occurr	ed at the time, date	end place, and due	to the cau	sa(e) end m	nner ee sta	ted				
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of examine								) and manner	ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		-	29c. LICENSE NUI								
8	P. Talwar, M.	D		D3		2_	Z9d. DAT	1	(Month, Day, Y	991)		
2	30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF		Print)						1194			
	P. 7ALWAR , 6121 M	BROTTHOSE	RO.	FOCK	nue	E M	0.2	085	2			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SUN DAY OF SUN D	BIGNATURE										



# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		T REGISTRAR CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)  Lovetto A. Foltz.  2. Date of Oeath Month DAY YEAR 3. TIME OF 7 11 1944 2355	
A STATE OF	اد	LOVETTO A. FOLIZ.  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State	
4-16		578-42-9074 1 M 27 60 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) DEC. 1, 1933 WASH. 1	
hould		9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH	0.0.
8	HO	WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY	
8	EC.	. 4]0e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE	CITY
. &	DIRI	MD. MONTGOMERY SILVER SPRING LIMITS	
r perm	FUNERAL	104. STREET AND NUMBER  109. CITIZEN OF WHAT COUNTI	7Y?
UZO physician. burial-transit	NE	11.21 UNIVERSITY BLVD. W. #1211 20902 U.S.A.  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Veg of No. 14. RACE - Armedican	
	ВУ	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Rican, etc.)  14. RACE — American Black, White, atc.  Specify: WHIT	
z15-0	TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  180. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	
ortal or d for u	LET	Elementary/Secondary (0-12) College (1-4 or 5+) ##e. Do NOT use retired.)  L2  EXECUTIVE SECRETARY NATIT RITE ASSO	
AND the hospital detached for once.	COMPL	12 EXECUTIVE SECRETARY NAT'L. RIFLE ASSO.  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)	
# 8 6 7		JOHN MARCH FRANCES J. SEATON	
MAK retained 5 should notified	TO BE	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
- A 8 0	F	FRANCES J. MILLER SAME AS ITEM #10	et .
A 6 - 4		20e. METHOD OF DISPOSITION  1	
		4 Donestion 5 Other (Specify) CHAMBERS CREMATORY 7/14 RIVERDALE, MD.	
ALIIN death. Pag tuneral di i. examiner		Sallation 1. D	20910
M - 2 m		MOOO91 W. W. CHAMBERS CO. INC., SILVER SPRING 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest,  Approx	_
hours after of remove medical		shock, or heart failure. List only one cause on each line.	ximate al Between and Death
ation,			5 ary
mplete crem		The state of the s	CEAU
executed and con o burial, matic e	N	Sequentially list conditions, 6. CAGCINOMAROSS, Mo	why
OX 68  De execut sician and conforto bunit	ERTIFICATION	or cause. Enter UNDERLYING CAUSE (Disease or injury)  CAUSE (Disease or injury)  CAUSE (Disease or injury)  CAUSE (Disease or injury)	UT
ifficate physiene pre	FIC	CAUSE (Disease or injury that initiated events  CAUSE (Disease or injury that initiated events)  CAUSE (Disease or injury that initiated events)	(EAIL)
ending ren	H	resulting in death) LAST	
the death the attend Mental H	O	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOP	SA EINUMGS
Y # 5 5 >	DICAL	1) Hypolo Calclinia (2) SEPGIS (3) Delindration PERFORMED? COMPLETION	RIOR TO
	MED	(4) Cab Dial Aprotomics Co60 vab Heat Discast	□ NO
- 200			
VIIAL AN: The lav inficate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:	
SICIAN: The Certificate the State	IYSI	1 YES 2 NO Proportion 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
NG PHYS fer this c eath with	уну.	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?	
After death	ВУ	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Bural Bouts Number	
2 = 5 = 2	ETED	4   Homicide   All Ho	
	PLE	29e. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.	
THE HOSPITAL THE FUNERAL filed within 72 P PORTANT: If I	COMPL	one) 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner	ee stated.
TO THE HOSPI TO THE FUNEF TO THE WITHIN IMPORTANT:	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day.	Hear)
6 6 3 <b>₹</b>	TO B	11/07/2000 > 7-12-19	94
		MOHAMMED A. MANNAH (MD), 3715-RHOD 1 AMD, 2071	2/
		31. DATE FILED (Month, Day, Year)  22. REGISTBAR'S SIGNATURE  1111 1 0 1001  1111 1 0 1001	



2	1		3	
		-	The Paris	
•		40.00	8-	
	BALLIMURE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunial-transit permit oval.	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Abouts after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

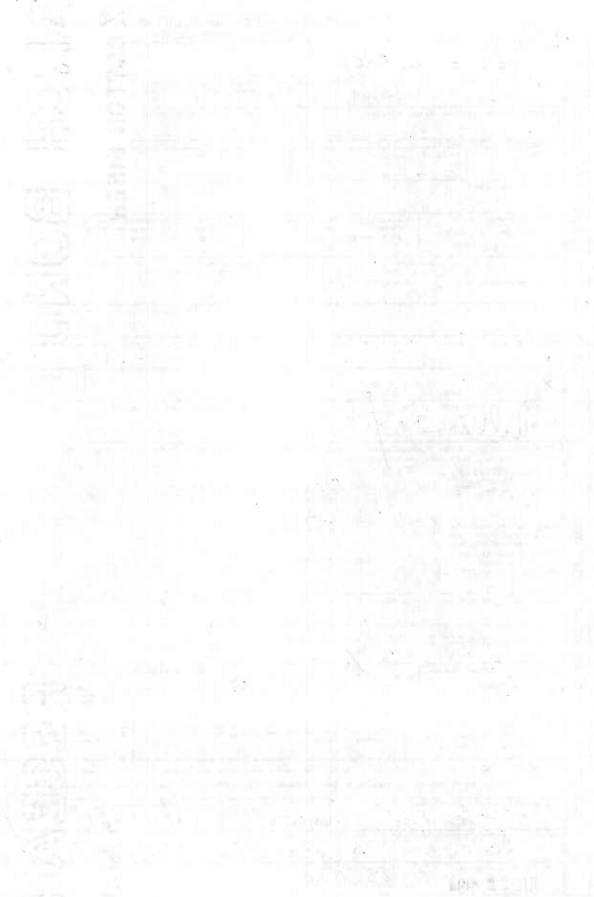
### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO.					
į.	1. DECEDENT'S NAME (First, Middle, Last)						MON	E OF DEATH	AY .	YEAR	3. TIME OF	DEATN	
	HANNAH  4. SOCIAL SECURITY NUMBER	FRIEDMAN					JUI	LY 16,	1994		10:3	_	MA
	085-09-0398	5. SEX 1 M 2 XX	6. AGE (in yrs. last i	YRS.	IF UNDER 1 YEAR MONTHS DAY		(Mon	E OF BIRTH ofth, Day, Year)	2	Country	PLACE (State y) W YORI		m
~	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COU	NTY OF D			
DIRECTOR	HEBREW HOME OF G		SHINGTON			KVILLE	•		MO	NTGO	MERY		
E I					, TOWN OR LO						10d. INSIDE	?	
	100. STREET AND NUMBER	GOMERY		KOU	CKVILLE	10f. ZIP CODE		_	1X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?			1	
FUNERAL	6121 MONTROSE RO		20852 UNI				ITED	ITED STATES					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	IT yes, specify Cuban, Maxican, Puerto Rican, etc.)					14. RACE Black Specifi	— American , White, etc. /y: WHI				
	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OCCUPA fork done during		16	b. KIND OF BUS	SINESS/IND	DUSTRY	WILL	LLI	
COMPLETED	Elamentary/Secondary (0-12)	lite, E	Do NOT use	vertired.)		AT	PAREL	MANTI	FACT	ITRING			
S I	17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden		11101	DICENTO		
BE	"UNKNOWN"	ARKIN			MINNI		KADUS						
6	19a. INFORMANT'S NAME (Type/Print)  ARTHUR FRIEDMAN					et and Number or Run				,	05/		
	20a METHOD OF DISPOSITION  1 X Burlel 2 Germation 3 Rame	,			FDISPOSITION	EWOOD LA	NE,		CATION —				
	1 & Burlet 2 Gremation 3 Remo	oval from state	B NAI	TSRA	EL CON	G. CEMET	ERY7/	18 OXO			MARYL!	AND	
	21. SIGNATURE OF UNERAL SERVICE LIC	ENSEE			DANZ	AND ADDRESS OF	FACILITY LDBEF	RG MEMO	RIAL	CHAI	PELS,	INC	
	THUIL I	1. Tus	4		1170	ROCKVIL	LE PI	KE, RO	CKVI	LLE,	MD 2	2085	2
	23. PART t Enter the discusses, or of shock, or heart failure. I	Liat only one caus	caused the deat e on each line.	th. Do n	ot entar tha i	node of dying, s	uch aa cai	rdiac or reapi	ratory an	reat,	Interv	ximata al Batw	veen
	IMMEDIATE CAUSE (Final disease or condition CANODENE OF FOOT										i	onTI	
	resulting in death)  a. GANGRENE OF FOOT  DUE TO (OR AS A CONSEQUENCE OF):										1 10	ONTI	1
S I	Sequentially list conditions,  ARTERIAL & VENOUS VASCULAR DISEASE  DUE TO (OR AS A CONSEQUENCE OF):										CHR	ONIC	C
Ě	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (	DH AS A CONSEQU	JENCE OF	):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSEQU	ENCE OF	):							-	_
E	resulting in death) LAST												
	PART II. Other eignificant condition	s contributing to d	leath but not rea	nulting li	n tha undarly	ing cause given	In Part I.	24a. WAS AN		24b.	WERE AUTOP	SY FINDI	NGS
EDICAL	0 B S			PE			PERFOR			AWAILABLE P COMPLETION OF DEATH?		SE	
ME									X.		1 YES 2	ON 🗆	
	DID TOBACCO USE	CONTRIBUTE	TO CAUS	E OF	DEATH	YES N	0 🗆						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:				PLACE OF DEATH (							
HYS	27. MANNER OF DEATH	1 Inpetient 2 I		26b. TIME		ome 5 - Residenc		er (Specify)	NJURY OC	CURED			
ВУ Р	1X Natural 5 Pending 2 Accident Investigation	(Month, Day	( Year)	INJU	JRY	WORK? YES 2 NO							
	3 Suicide 6 Could not be determined	INJURY — At hometc. (Specify)	e, farm, st	treet, factory, of	fics	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETE		CIAN: To the best of n											
8	2 MEDICAL EXAMINE		mination and/or in	vestigation	i, in my opinion			a and place, an	d due to th	e cause(a)	and menner	an state	d.
띪	296. SIGNATURE AND TAKE OF BERTIFIER	42			29c. LICENSE N					(Month, Day,			
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type.	Print)	Poll.	~ 0		- JI	ULY ]	16, 19	194	
	WALTER E. GOOZH,	M.D., 23	09 SHORE	FIEL		WHEATON	, MD	20902					
	31. DATE FILED (Month, Day, Year)  JUL 1 8 1994	Filia Da	s signature	delle									

51... 

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial physician permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE STATE	OF MARYLAND / OEPAS CERTIF	RTMENT OF H		MENTAL HYGIENE REG. NO.			
10	1. DECEDENT'S NAME (First, Middle, Last)  NELLIE L. P				2. DATE OF DEATH DAY	94	3. TIME OF DEATH P	
	4. SOCIAL SECURITY NUMBER  232-10-4845  9a. FACILITY NAME (if not institution, give street and num	6. AGE (In yrs. last birthday)  YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 8/20/1900	Count	WV	
TOR	Cumberland Nursing		Cumbe	rland	Allegany			
DIRECTOR	10e. STATE 10e. COUNTY  MD Allegany	10c. CIT	10c. CITY, TOWN OR LOCATION  Cumberland					
FUNERAL	700 Fayette St.		101	2150		CITIZEN OF USA	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN U.S. ARMED SS? 1 YES 2 NO GIVE WAR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yes or No., Puerto Rican, etc.)	Blac	E—American Indian, k, Whita, etc. White	
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATIO work done during mo use retired.)	ON st of working	16b. KIND OF BUSINES			
dWC	17. FATNER'S NAME (First, Middle, Last)	sec	retary	to MOTNER'S NA	school ME (First, Middle, Maiden Surna.		em	
BE C	Samuel B. Lyons				e Susan (P		-)	
TO B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town, State			
-	Peggy L. Speelman				, Fayettev			
	1 Burial 2 Cremation 3 Ramoval from S	206. PLACE AND DATE cemetery, cremetory or Camp H	ill Cem	eterv	DATE 20c. LOCATIO	Paw.	WV	
	21. SIGNATURE OF TUNENAL SERVICE LICENSES	D	22. NAME AN	ID ADDRESS OF FAI	309-311 al Home, Cu	Decat	ur St <sub>2150</sub>	
	23. PART I. Enter the diseesea, or complicate shock, or heart failure. List only	ons that caused the death. Do	not enter the mo	de of dying, auci	h as cerdiec or respirator	у агтеат,	Approximate Interval Between	
	IMMEDIATE CAUCE (Et a.)	Percel DUE TO (OR AS A CONSEQUENCE C	faile	ue			Onset and Death	
2		CAD.	P					
AT 10	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE O	OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE O	DF):					
AL CE	PART ii. Other significant conditions contribu	iting to death but not resulting	in the underlying	cause given in	Part I. 24a, WAS AN AUTO	PSY 24	. WERE AUTOPSY FINDINGS	
MEDICA	DID_TOBACCO_USE_	CONTRIBUTE TO	O CAUSE	OF	1 D YES 2 DA		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
N.	DEATH YES N	o X						
SICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1   I nest	FAL:	OTHER:	ACE OF DEATN (Ch		_		
BY PHYSICIAN:	27. MANNER OF DEATH 28a.	DATE OF INJURY 28b. TII	ME OF 28c. INJ		6 ☐ Other (Specify)  28d. DE\$CRIBE NOW INJUR	Y OCCURED		
	3 Suicide 28e.	PLACE OF INJURY — At home, farm, building, etc. (Specify)	IRY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Rural Route I					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the b	a best of my knowledge, death occur asis of examination and/or investigati					a) and manner as stated.	
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	alun		29c. UCENSE NUN	981 P	7 Ro	(Month, Day, Year)	
F	Peters. f	FED CAUSE OF DEATH (ITEM 27) (TYP)  HALMOS	302	SCHL	EY ST. (	ein	feel and.	
	JUL 2 2 1994 Ali Ste	EGISTRAR'S SIGNATURE						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	er death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transit permit.
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	il examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	1 - REGISTRAR		CEI	RTIF	ICATE OF	DEAT	Н	REG. I	Ю.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH	DAY		3. TIME OF OEATH
	KATHRYN L	ouise		FRA	NKLIN			July 22	, 19	9 4 7	6:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest t	oirthday)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Year)	·	8. BIRTHI	PLACE (State or Foreign
	219-92-7648	1 M 2 Q.F	28	YRS.	MONTHS DAYS	HOURS	MIN.	Apr 14,	1966		ID
	9a. FACILITY NAME (If not institution, give s	,			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						ATH
DIRECTOR	Memorial Hospi	tal		Cumberland   Allegar						ny	
ᇤ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	Y		10c CIT	Y, TOWN OR LOCA	TION					10.1 10.000 0.000
E I	MD Alle	gany								- 1	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		Cumberland					10a CI		1X YES 2 NO	
FUNERAL		412 Washington Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.				215	502		USA		nai ooonini;
F	11. MARITAL STATUS  Never Married 2 Married	FORCES? 1	YES 2 NO	ED	13. WAS DEC	ENDENT OF	HISPANICAN,	C ORIGIN? (Specify Puarto Rican, etc.)	Yea or No-	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES A		1 TYES	2X NO	Specify:			Specifi	
8	15. DECEDENT'S EDU	CATION	18a. OECE	DENT'S	USUAL OCCUPATI	DN .		16b. KIND OF	USINESS/IN		LLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give	kind of v	work done during ma se retired.)	st of working					
릴	12		_ ln/a					n	/a		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAM	E (First, Middle, Maid			
BE (	Dr. A Leo Fra	nklin				Ursi	ıla	A. (Mc	Nerne	ev)	
70	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AODRESS (Street	and Number o	or Rural Ro	oute Number, City or	own, State, Z	ip Code)	
-		Frankli	n	41	2 Washir	aton	Stre	et Cumb	erla	nd M	D 21502
	20s. METHOD 05 DISPOSITION  1, Burlal 2 Cremation 3 Rem	oval from Stata	20b. PLACE AN	D DATE	OF DISPOSITION (N	ame of		OATE 20c.	LOCATION -	- City or Tov	vn, Stata
	4 Donation 5 Other (Specify)	CENDEE	SMIT	HSB	URG CR	EMAT(	ORY	7/25/	SMIT	HSBU	RG, MD
	A STATE OF TOWNERS SERVICE EN	M a	01/		Scar	pell:	i Fu	ineral	Home		
	Janes 71	1100cm	pur		Cumb	erlaı	nd,	Maryla	nd 2	21502	2
	23. PARY I. Enter the diseeses, or o shock, or heart fellure.	complications that List only one cau	caused the deat se on each line.	th. Do r	not enter the mo	da of dyln	ig, auch	aa cardiac or re	piratory a	rreat,	Approximeta interval Between
	IMMEDIATE CAUSE (Finel disease or condition										Onset and Death
l.	resulting in death)	a. MASS	IVE PUL	mo.	NARY !	EMBO	LUS				
		DUE TO	(OR AS A CONSEQU	ENCE O	F): ′						
CERTIFICATION	Sequentially list conditions,	b. DUE TO	OR AS A CONSEOU	ENCE O	P.						
Ä	if any, leading to immediate cause. Entar UNDERLYING		,		,						İ
F	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEOU	ENCE O	F):						1
F	resulting in death) LAST	d.									
	PART II. Other significent condition	e contribution to	dooth but not are		la sharan tartata						
DICAL				uiting	in the underlyin	g cause gi	ven in P	art I. 24a, WAS PERF	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Ē	CINGULAR P.	NEOMONIA	¥					- 17 YES	2   NO		OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE	TO CALIS	F OF	DEATH	VEC [7	NO	101			1.2€ YES 2 □ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE									
200	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	1004	OTHER:	ACE OF DE					
¥	27. MANNER OF DEATH	28a. DATE OF		286. TIM		URY AT	11	Other (Specify)  28d, DESCRIBE HO	V INJURY OF	CUBEO	
	1 Natural 5 Pending	(Month, De	iy, Year)	INJ	URY	YES 2					
) BY	2 Accident Investigation 3 Suicida 8 Could not be	28e. PLACE OF	F INJURY — At home	n, farm, s	street, factory, offic	•		281. LOCATION (Stre		or Runal Ro	oute Number,
Ē	4 Homicide detarmined	building,	etc. (Specify)					City or Town, Str	te)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, deat	h occum	ed at the time date	and place	and due to	the cause(s) and s		tad	
M	one) 2 MEDICAL EXAMINE										and manner as stated.
	29b. SIGNATURE AND JUTLE OF CENTIFIER	R				29c. LICEN					
8	WORK	MD					3497			1251	(Month, Day, Year)
임	30. NAME AND ADORESS OF PERSON WH	O COMPLETEO CAUS	E OF OEATH (ITEM	27) (Type,	Print)	-					17
Dr. D. Leibman Memorial Hospital Cumberland, MD. 21502											
	31. DATE FILFUYON 205 101994	A2 REGISTED	has referred all								



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DIVIDIGITATION OF THE PROPERTY L.O. BOY 00/100	R	DIR	30	5
ď	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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		FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH AN		ITAL HYGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH		YEAR	3. TIME OF OEATH	
-		GEORGE	LEE		FIG	3S				JLY 14			02:23 A	M
	- 8			GE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER 24 H		MATE OF BIRTH Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign	
			M 2 □ F	28	YRS.	MONTHS	CAYS	HOURS M		T1- 01 165			ryland.	
	_	9a. FACILITY NAME (If not institution, give street				96. CITY, TOWN OR LOCATION OF D								
	OH	NORTH OF 394 &	RT.113		SNOW HILL WORCHESTER								TER	_
2	DIRECTO	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION 10d, INSIDE CIT									
3	뜻	Md. Word			LIMIT							LIMITS?		
	H	Show Hill									A			
	FUNERAL													
	ž I		. WAS DECEDENT EVI			13. W		1863	ISPANIC OF	RIGIN? (Specify Yes	- American Indian,	_		
		1 Never Married 2 Married	FORCES? 1 Y		0	11	yes, spe		lexican, Pus	arto Rican, etc.)			Whita, etc.	
- 1	B	3 Widowed 4 Divorced						M	эроспу.			Specin	white	
		15. DECEDENT'S EDUCATI (Specify only highest grade con-				USUAL OC		ON st of working		16b. KIND OF BUS	SINESS/IND	USTRY		
		Elementary/Secondary (0-12)	College (1-4 or 5+)	llfe.	Do NOT us	se retired.)								
e !	COMPL		2	Ma	nag	er/R	est	aurar		Food S		ce		
00	ဗ ူ	17. FATHER'S NAME (First, Middle, Last)								irst, Middle, Maiden				
pd a	H H	George Lee Figg	S				لِـــــا			Nock Fi				
ottu	0	19a. INFORMANT'S NAME (Type/Print)	12	19b						Number, City or Tow				
be notified at once.		Amy Nicholson Figgs 210 Belt Stree, Snow Hill, Md. 21863												
150		1 Burlat 2X Cremation 3 Removal from State complete, com												
E		4 Donation 5 Other (Specify) Salisbury Crematory 7/94 Salisbury, Md.  21. Signature of Funeral Service Licensee 22. Name and Address of Facility												
examiner must		(0) 7:-	" I 11	1-										
EX L		Talricia	, 1-De	ens	N/S	D	enn	is Fu	nera	al Home	,Snc	W H	ill,Md.	
or other traumatic event, the medical		23. PART I. Enter the diseases, or com shock, or heert failure. List	plications that ceu	sed the de	ath. Do i	not enter	the mo	de of dying,	such es	cardlec or respi	ratory sm	est,	Approximate Interval Between	
E		IMMEDIATE CAUSE (Final	erre, eru saans										Onset and De	
# .	1	disesse or condition												
even	- 1	DUE TO (OR AS A CONSEQUENCE OF):												
atle	5	Sequentially list conditions,												
une i	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
er tr	3	CAUSE (Disesse or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):												
to	Ē	resulting in death) LAST												
3 3	핑													
를 :	ᅵᅵ	PART II. Other significent conditions of	ontributing to dear	th but not re	sulting	In the und	derlying	g cause give	n In Part	I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDING	GS
shows any	EDICAL	·								1 X YES 2			COMPLETION OF CAUSE OF DEATH?	E
SWO	M	·											YES 2 NO	
23 sh		_ DID TOBACCO USE CO	ONTRIBUTE 1	TO CAU	SE O	F DEA	TH '	YES	NO [					
ma	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:					ACE OF OEAT	H (Check on	nly one)				
or item	2	1 X YES 2 NO 1	☐ Inpatient 2 ☐ ER/	Outpatient 3	□ DOA	OTHER	ing Home	e 6 🗆 Reside	enca 6 💢	Other (Specify)	EHIC	LE A	CCIDENT	
	H	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	ne)	28b. TIM		28c. INJI		28d.	DESCRIBE HOW I	NJURY OC	CURED		
	à	1 Natural 5 Pending 2 Accident Investigation	7-14	-94	02.0		1 🗌 Y		o M	DTOR L	EHI	CLE	COLLIS 10	M
. C	a	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJ building, atc. (	Specify)	-		ory, office		281.	28f. LOCATION (Street and Number or Rural Route Number City or Town, State)				
64	<u> </u>			8	TRE	ET			K	T 394	AND	RT	113	
1 10	MP	29e. CERTIFIER 1 CERTIFYING PHYSICIAI											7. 7.90	
NI C	5	MEDICAL EXAMINER: O	In the basis of examin	gtion and/or i	nvestigatio	on, in my op	pinion, de	eath occured a	at the lime,	data and place, an	d due to th	e cause(s)	and manner as stated	i.
HTA T	u II	29b. SIGNATURE AND TITLE OF CERTIFIES.	11/1	,			T	29c. LICENSE	E NUMBER				(Month, Day, Year)	$\neg$
일 (							O.C.N	M.E.		14.1994				

Penn Street, Baltimore, Maryland 21201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOWLER

1MO111 Penn S
32. REGISTRAR'S SIGNATURE

DAVID R. FOU 31. DATE FILED (MONTH, Day, Year) JUL 15 1994

is "

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR						HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)				TOA. L	<u> </u>	D.L.		2. DATE OF	DEATH			3. TIME OF DEATH
ALEX HARRIS	FITCH							MONTH	17.	w 1994	YEAR	8:50 p м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)			IF UNDER	A 24 HRS.	7. DATE OF	7. DATE OF BIRTH (Month, Day, Vear) 11/18/06		8. BIRTI	HPLACE (State or Foreign
556-38-5085	XX M 2 F				DAYS						Ala	bama
9a. FACILITY NAME (If not institution, give street and number)							ION OF DI	EATH 9c. COUNTY OF			NTY OF E	DEATH
Meridian Nursing	Seve	rna	Par	k			undel					
ton. STATE 10b. COUNTY	Y		toc. CITY	Y, TOWN OR	LOCAT	TION						ted. INSIDE CITY
Maryland Princ	e George	S	Suit	tland							T. I	LIMITS?
10e. STREET AND NUMBER	-	17.57			101	. ZIP COD	E			tog. CIT	IZEN OF	WHAT COUNTRY?
1903 Gaylord Driv	e					2074	6			US	A	
11. MARITAL STATUS		NT EVER IN U.S. AI						NIC ORIGIN? (			14. RAC	E — American Indian,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	1926 -	MAR OR DATES					Specif		an, area,		Spec	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done du	CUPATIO	ON ist of worki	ing	16b. K	NO OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (8-t2)	College (1-4 or 5	+)	e. Do NOT us	o ratired.)								
9th		Nav	vy Off	ficer				C.	S. Na			
17. FATHER'S NAME (First, Middle, Last)								AME (First, Mid	1000	Surname)		
unobtainable  19a. INFORMANT'S NAME (Type/Print)		- 4		1000000			-	tainal				
Barbara Vidal								Arnold				
20a. METHOD OF DISPOSITION t St Burlal 2 ☐ Cremation 3 ☐ Ram	oval trom State	20b. PLACE	AND DATE O	OF DISPOSIT				OATE	20c. LO	CATION -	City or To	own, State
4 Donation 6 Other (Specify)		_ Ft. I	incol	In Cer					Bre	ntwo	od,	MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NA	Mar	shal	1 S	Funera	1 Ho	ma	Tnc	
Julie frm	astel			4308	8 S	uit1	and	Rd. S	Suti1	and.	MD.	20746
23. PART I. Enter the diseases, or a	omplications the	it coused the d	eath. Do n									Approximata
ahock, or heart fellure.  IMMEDIATE CAUSE (Finel												Onset and Death
disease or condition resulting in death)		CONG	EST	TIVE		HE	An	27	FA	11.12	RE	
resulting in Gentlin	DUE TO	(OR AS A CONSE	OUENCE OF	F):					1 .	-0,	7	
Sequentially list conditions,	b DUE TO	OR AS A CONSE	EQUENCE OF	FI:								
If any, leading to immediate cause. Enter UNDERLYING		1/1 1/1 2/1		,								
CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE DE	<b>ት</b> :								
resulting in death) LAST	d											
PART II. Other aignificant condition	a contributing to	death but not	requiting i	in the und	iorluin	0.00000	aluan la	Post I a	4a, WAS AN	ALFRODRY	100	b. WERE AUTOPSY FINDINGS
RESPIRATO		CAIL	120 F		oriyini	y cause	diagit iti	Part I.	PERFOR			AMAILABLE PRIOR TO COMPLETION DF CAUSE
1003110110	11 1	111	0,4				-	- '	YES 2	- NO		OF DEATH?
								-				t YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26, PC	ACE OF I	DEATH (Ch	heck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	na Hom	• 5 □ R	iesidence	6 Other (S	Specify)		192	
27, MANNER OF DEATH	28a. DATE OF (Month, E		28b. TIM		26c. INJ	URY AT		28d. DESCR	·	NJURY OC	CURED	
t Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, tou.,		M		YES 2 [	_ ND					
3 Suicide 6 Could not be determined	ome, farm, s	m, street, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
29a. CERTIFIER	CIAN: To the best of	t mu brandada a d	to add a second	4 - 2 4 4								
(Check only one)												a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE			30.00						o proce, an			
	E. Al	tendi.	0 1	4.0			ENSE NUI			29d. DAT		D (Month, Day, Year)

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ars after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with

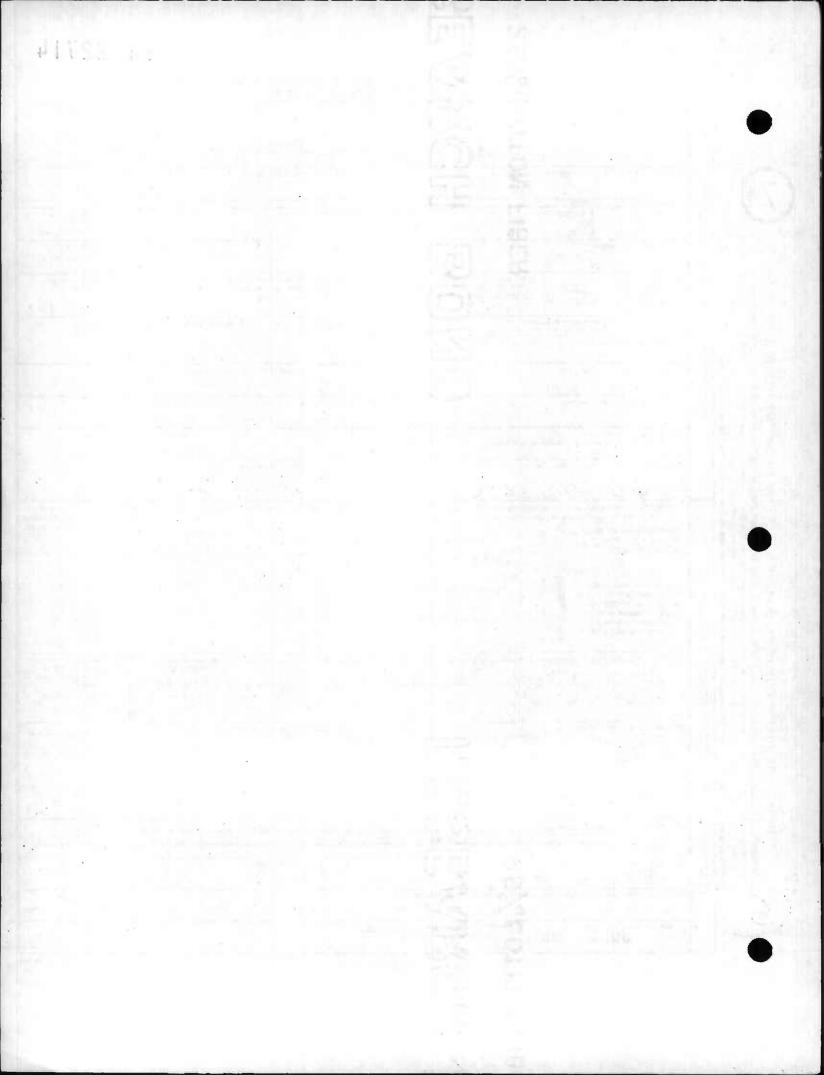
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MORID

MUNDRA

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



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BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI		MENT OF H		MENTAL HYGIEN	_					
	1. DECEDENT'S NAME (First, Middle, Last)	NG F	NG FOO					2 DATE OF DEATH DAY 1973 3. TIME OF DEATH MONTH				
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  579 36 6422  9a. FACILITY NAME (If not institution, give s	1₺ M 2 □ F	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month / Day, Year)  JULY 21,1	.958 W	BIRTHPLACE (State or Foliage Country) VASH., D.C.				
	LEAVENDALE HEBREY		NTER	MORE	EATH	BALTI	Y OF DEATH MORE					
	NA NA NA	Y	10c. CITY, TOWN OR LO WASHINGTON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
	3269 Stanton Road	d, S.E.		101	20020		n of what country?					
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES			HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		I. RACE — American Indian, Black, White, etc. Specify: Black				
	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of we life. Do NOT use	DISABLEI  DISABLEI	st of working	166, KIND OF BU	SINESS/INDUS	STRY				
	17. FATHER'S NAME (First, Middle, Last)  ENG FOO  18. MOTHER'S NAME (First, Middle, Maiden Surname)  HELEN MOORE											
5	196. INFORMANT'S NAME (Types/Print)  ROMAINE HENDERSON (SISTER)  19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  117 East Mill Avenue ,Capitol Hill, MD 20743											
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	y or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  M859  M859  M859  22. NAME AND ADDRESS OF FACILITY ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Forestville, Md 201											
	23. PART I. Enter the diseases, or abock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	lina.	1			-	Intarval Between Onset and Daath				
MEDICAL CERTIFICATION	disease or condition resulting in death)  a. Sphenoerebelar Degenerative Disease  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):											
	PART II. Other algolificant condition	ia contributing to dasth but n	ot reaulting in	the undarlying	g cause given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
CIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
TED BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending		OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW INJURY OCCURED							
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, etc. (Specify)	28a. PLACE OF INJURY — At home, term, street, factory, office					281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	29d. DATE S ▶ 7/	TE SIGNED (Month, Dyn, Yber)									
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH		Print)	110-	lua Laca A	. [	211.11-				

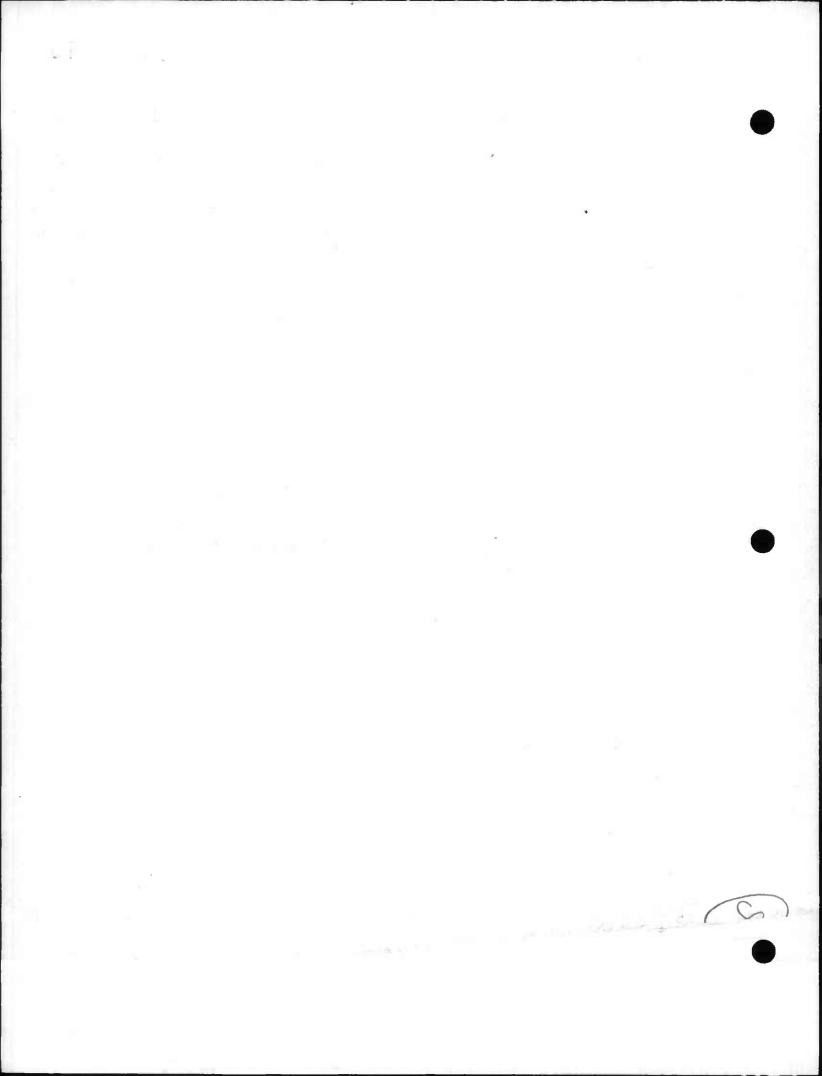
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JUL 2 2 199

32. REGISTRAR'S SIGNATURE



FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.					
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	3. TIME OF DEATH				
1)	Audrey Bul	lock Feemsa	ter		- 1	July 12,	1991 YE	1941			
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			BIRTHPLACE (State or Fore	elon -		
		1 M 2 X F	64 YRS.	MONTHS DAYS	HOUSE MAN	7. DATE OF BIRTH (Month, Day, Year)	229	Country)			
			O'T The.			December :		orth Caroli	na		
~	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF DEA	ATH	9c. COUNTY				
Ö	Doctor's Community Hospital Lanham Prince Georges										
рівестов	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY								=		
2			10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?			
		e Georges		Hyattsv	ille		1 XXES 2 N	10			
A P	10e. STREET AND NUMBER			101	. ZIP CODE		OF WHAT COUNTRY?				
FUNERAL	5805 - 42nd Avenu	ue, Apt. 71	0		20781		ted States				
5		12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS OEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14.	RACE - American Indian	, —		
F	1 Never Married 2XX Married	FORCES? 1 YES		If yea, sp	ecify Cuban, Maxican 2XXNO Specify:	, Puerto Rican, etc.)		Black, White, etc.			
BY	3 Widowed 4 Divorced			'	ZXXIIIO Specify.			Specify: Black	- 1		
COMPLETED	15. DECEDENT'S EDUCA	TION		USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUS1				
<b>E</b> I	(Specify only highest grade oc Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during mo se retired.)	st of working	120-120-120-120-120-120-120-120-120-120-					
4	12th grade	Contage (1-4 of 5 +)	Supply	Clerk		US Dept	of Co	ommerce	- 1		
8	17. FATHER'S NAME (First, Middle, Last)		1 7		18 MOTHED'S NAM	NE (First, Middle, Maiden			$\dashv$		
Ö	Hugh Melvi	in R	ullock	Sr.	Gertr		ourname)	Williams			
BE	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or Town			,		
٩	COCHAGAS AN ESTA COL	. /							"		
	Alphonzo Feemster							e,Maryland			
	20a. METHOD OF DISPOSITION 1 A Burtal 2 Cremation 3 Remov	rel from State C6	b. PLACE AND DATE (	OF DISPOSITION (Ne	eme of	DATE 20c. LO		.,			
	4 Donation 5 Other (Specify)		Fort Lir	coln Cer	netery	Brentwood, Maryland					
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY   atney's Funeral Home										
	This In Latiney 3 and 1831 Georgia Avenue, N.W.; Wash.D.C. 20011										
$\dashv$	23. PART i. Enter the diseases, or co	molications that cause	ad the death. Do s								
	shock, or heart fallure. Li	et only one cause on	aach line.	or enter the mo	de of dying, auch	aa cardiac or reapi	ratory arrest	, Approximat interval Bet			
- 1	IMMEDIATE CAUSE (Finel disease or condition										
	resulting in death) .	HYPO	) TEN:	210N							
- 1		DUE TO (OR AS	A CONSEQUENCE OF	F):	1.			-1. 1	_		
Z	Sequentially list conditions, S. Acut. Renal Failure 7/11/94										
CERTIFICATION											
2	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):										
쁜	that initiated events	1.10	_ ′ · [								
6	d.	Canci	noma	. 01	Stor	nach		1119	3		
	PART II. Other significant conditions	contribution to do-th	hut mot mounting !	in the sent of t							
DICAL	O labor	Diens	al e	The underlying	g ceuse given in F	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO	0		
	Bilaman		-	WYC	n.	1 YES 2	□ NO	COMPLETION OF CA OF DEATH?	USE		
ME	Severe Coo	igulot	athy					1   YES 2   NO	0		
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH Y	ES NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Che	ck only one)			$\neg$		
S	EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:	e 5 🗆 Rasidenca 8	Other (Specify)					
主	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c, INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCUR	EO	-		
	Natural 5 Pending	(Month, Day, Year)	INJ	M 1	YES 2 NO				- 1		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	tY — At home, farm, a			28/ LOCATION /Street #	N (Street and Number or Rural Route Number,				
	4 Homicide B Could not be determined	building, etc. (Sp	ecify)	, , , , , , , , , , , , , , , , , , , ,	·	City or Town, State)	ing yearnow or y	war riodie riodi,			
<u> </u>											
AP	29a. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as atseted.										
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)										
BE (	Rakern	4/10/	MI	1.D	120	Role	\( \gamma \)	1113191	_/		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)										
임								1.6/1	1		
	Dr. Rakesh Arora				Bowie. M	D 20715		30.0	' ]		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the lower stranging physician.

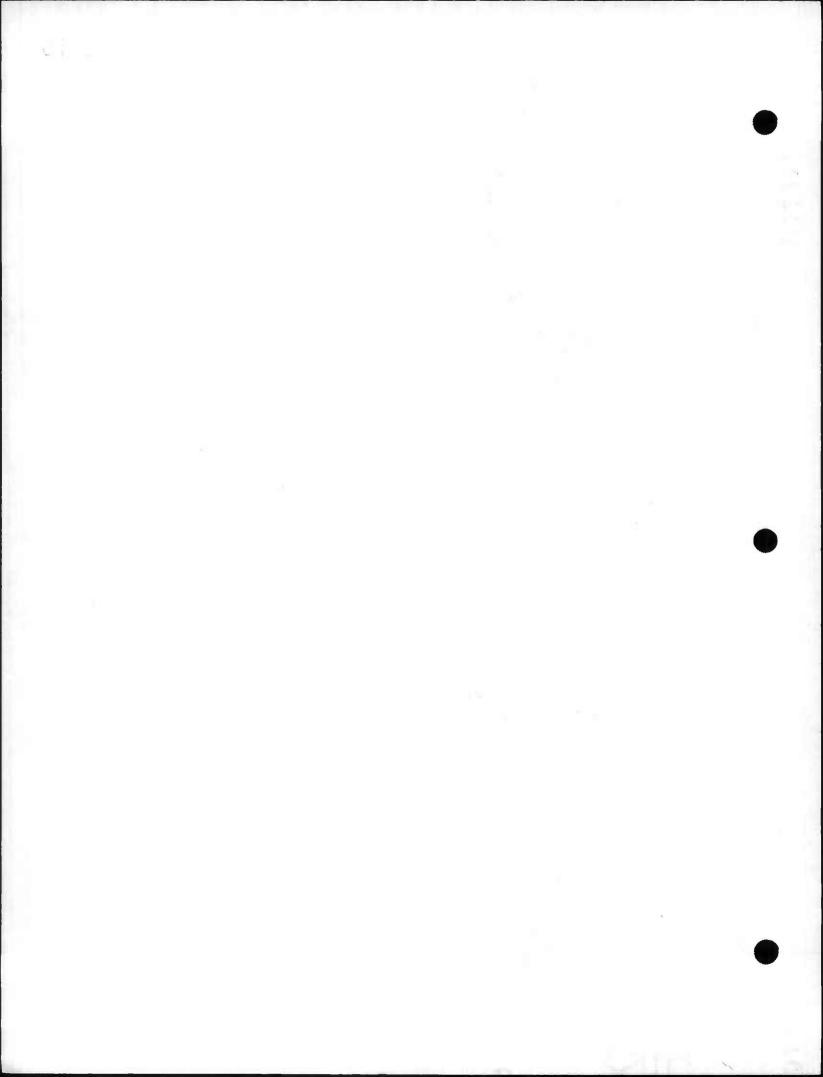
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

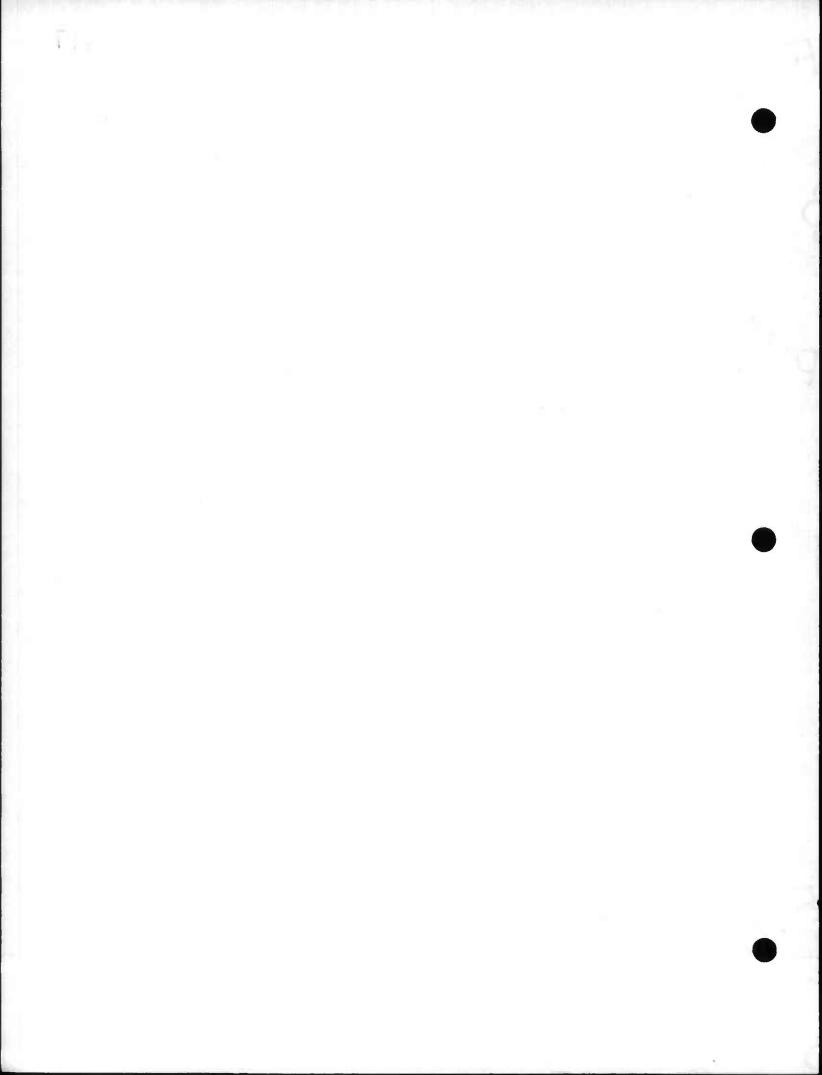
JUL 2 0 1994

Geria Baydson-Muno



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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit per ), or removal.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. To hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
2000	1. DECEDENT'S NAME (First, Middle, Last) ROYAL	. FI	ELDS			2. DATE OF OEATH MONTH D	994 YE	AR .	.00PM M		
3	377 70 0202	1 □ M 2 X F 60	YRS.	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY-26-	33 T	8. BIRTHPLACE (State or Foreign Country) 3 TRINIDAD			
TOR	98. FACILITY NAME (If not institution, give street PRINCE GEORGE PRESIDENCE OF DECEMENT			CHEV	ERLY	EATH	PRIN		GEORGE		
DIRECTOR	10s. STATE 10b. COUNTY	CE GEORGE		TRICT	HEIGHT	'S		- 1	INSIDE CITY LIMITS? Î YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2015—COUNTY RO	AD, DIST,	HEIGHTS		20747		10g. CITIZEN	OF WHAT			
B	11. MARITAL STATUS  1  Never Married 2 Married  1  Never Married 2 Married  3  Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO If Yes, appectly Cuben, Mai 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECEMDENT OF HIS If Yes, appectly Cuben, Mai 1 YES 2 NO Sp					in, Puerto Rican, atc.)		Black, Wh	American Indian, nita, atc. BLACK		
COMPLETED	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do Norus erielmd.)]						ON HO				
	17. FATHER'S NAME (First, Middle, Last)  IRVIN A.	IFILL				ME (First, Middle, Maiden SEL THOMA					
TO BE	19a. INFORMANT'S NAME (Type/Print) JUNIOR FIELD	S				Route Number, City or Tow DIST, H			ID.		
### To be the control of Disposition  1											
	21. SIGNATURE OF FUNERAL SERVICE LICE	montan	ceres	719-F	ENNEDY	ST, N.W.	WASH	, D			
	23. PART i. Enter the diseases, or complications that ceused the deth. Do not enter the mode of dying, such as cardiac or respiratory arreat, abock, or heart failure. List pnly one ceuse on each line.    Approximate interval Between Onset and Death										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24s. VAS AN AUTOPSY PERFORMED?  1 YES 2 NO						RMED?	COL	RE AUTOPSY FINDINGS RLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 \( \sum \) NO		
CIAN:	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ONTRIBUTE TO			ACE OF DEATH (Ch						
YSI	1 YES 215 NO	1 Inpetient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hon		6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 N				26d. DEŞCRIBE HOW I	NJURY OCCURE	D			
	3 Suicide 4 Homicide  8 Could not be detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Number,		
COMPLETED	ane)	AN: To the best of my know						use(s) and	I manner sa stated.		
8	296 SIGNATURE AND TITLE OF CERTIFIER	6 M s			29c. LICENSE NUI	WBER	29d. DATE/SIG	SNED (Mo	nth, Day, Year)		
인	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)		··········	-//4/	7'			
	31. DATE FILED (Month, Day, Year)  JUL 1 9 199	32. REGISTRAR'S SIGN	udson-Randa	82		·					



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runeral di	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	am 28 is marked as Barn 23 shows any inferent as other framents meant the marked avantages much be madified at any
Dy the	emoval	diana
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	on.	94
pietery	cremati	t ton
200	2	-
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In priny	giene (	Shar
DU	£	20
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FOR

	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Lest) Charles	Henry Gla	adhill			2. DATE OF DEATH		YEAR 94	3. TIME OF DEATH 0037 M
ĺ	4. SOCIAL SECURITY NUMBER 219-12-1745	xxx M 2 □ F 76	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Mar. 8,	1918	s. BIRTH Country Md.	PLACE (State or Foreign Y)
TOR	9a. FACILITY NAME (If not Institution, give st Frederick Memoria				or Location of Di rederick		Frederick		
DIRECTOR	Md. 10b. COUNTY	Frederick		10c. CITY, TOWN OR LOCATION Frederick				10d. INSIDE CITY LIMITS? 1 TES 2 THO	
FUNERAL	100. STREET AND NUMBER 7203 James I. Harr	ris Memorial	Drive	10f. ZIP CODE 21702				TIZEN OF W	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 National 2 Nationa	Never Married 2 XXMarried FORCES? 1 YES 2 XX			CENDENT OF HISPAI pecify Cuban, Maxica \$ 2 NO Specif	Yea or No-	14. RACE Black Specifi Whi	— American Indian, c, Whita, etc. fy: CC	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)		vork done during π ne retired.)	iost of working	16b. KIND OF			
BE COM	17. FATHER'S NAME (First, Middle, Last)  Melvin Otho Gladhill			and ope	18. MOTHER'S NA	ME (First, Middle, Mele Elizabet)			
5	199. INFORMANT'S NAME (Type/Print) Ellen M. Gladhil	19a. INFORMANT'S NAME (TyperPrint)  Ellen M. Gladhill  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow 7203 James I. Harris Memorial I						Fred	1702 erick,Md.
	20a. METHOD OF DISPOSITION  1	oval from State cemel	PLACE AND DATE Of tery, crematory or of armony	ther place) Cemeter		7/22 M	LOCATION — Versvi		
	Jules Oh	orabl		Dona.	ld B. Tho Main St	mpson Fu	etown.	Md.	21769
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart fellure. Liet brily one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Atral fibrilation loggs  DUE TO (OR AS A CONSEQUENCE OF):  C. OVONELY ATRACT  OUE TO (OR AS A GONSEQUENCE OF):  d								
PHYSICIAN: MEDICAL O	PART II. Other algnificant condition	a contributing to death bu	t not resulting	in the underlyli	ng cauae given in	PER	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tient 3 DOA	OTHER:	PLACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 26c. IN	JURY AT ORK? YES 2 NO	28d. DE\$CRIBE HO	W INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY – building, etc. (Specif	At home, farm, s	street, factory, off	ce	281. LOCATION (Stre City or Town, St		er or Runai R	loute Number,
3 Sucree 6 Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								) and manner ae stated.	
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	hon MO	TH (ITEM 27) /X	Print)	DZGC	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
	31. DATE FILED (MONTH, Dev. Dev.)								

St. Tigator	OX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the funeral director, page 5 should be detached for use as the burial-transit permit be flud within 72 hours after death with the State Dent of Health and Mental Hydiene prior to burial cremation or removal.	raumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the the fluid within 20 hours after clearly with the State Dent of Health and Mental Hydiene prior to burial cremation, or removal	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  Marvin  J	Gi	bson			2. DATE O MONTH JULY	DF DEATH DAY	1994 YEA	3. TIME OF DEATH 10:00 P. M	
	4. SOCIAL SECURITY NUMBER 499-30-7611 9a. FACILITY NAME (If not institution, give a	1 💢 M 2 🗆 F	(In yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	Dey: Year) 10,193	ar) Country)		
TOR	311 Selwyn Dr.			Freder	ick	EATH		Frede:		
DIRECTOR	100. STATE 10b. COUNTY	Frederick		r town on Loca Frederi				10d. INSIDE CITY LIMITS?  1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 311 Selwyr	n Dr./ Apt.			r. ZIP CODE	01		10g. CITIZEN OF WHAT COUNTRY? United States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 To VES 2 □ NO IF YES, GIVE WAR OR DATES  Koyea			CENDENT OF NISPAI beelfy Cuban, Maxica 3 2 NO Specific	an, Puerto R	В	ACE — American Indian, lack, White, atc. Decity: White		
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use retired.)				4		NESS/INDUSTR		
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	4	nt Comm		S. Imi		n-Naturalizat			
TO BE	19e. INFORMANT'S NAME (Type/Print)	ARVIN J. G	ADDRESS (Street	VELMA		er, City or Town,				
	VIRGINIA LEE GIBS  20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem	201	D. PLACE AND DATE Of the left, gremetory or of mithsburg	F DISPOSITION /A	eme of	DATE	20c. LOC	rick, Md. 21701  ATION — City or Town, State Chsburg, Maryland		
	4 Donation 5 Other (Specify)		mithsburg	22. NAME A	ND ADDRESS OF FA		UAFFER	FUNER		
ATION	IMMEDIATÉ CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING	a.							Onset and Death	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	CDUE TO (DR AS A CONSEQUENCE OF):								
MEDICAL	PERFORMED? AVAIL.  1 YES 2 NO OF DE							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 7 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (CI					
	27. MANNER OF DEATN  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	4 Nursing No E OF 28c, IN URY W	8 Other		JURY OCCURE				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Numb							ral Route Number,	
COMPLETED		ICIAN: To the best of my know ER: On the basis of examination							se(e) end menner ee stated.	
BE	SIGNATURE AND TITLE OF CERTIFIE	RZZ			29c. LICENSE NU	IMBER 2.4			22, 1994	
2	Dr. P. Gregori	4 KAUSCH	501	Print) W 7th			ed in	ld 2		
	31. DATE FILED (MONTH, Day, Year) (199	32. REGETHAR'S SIGN	Stor Rendell							

DHMH-16 Rev 1/89

CORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transite filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other tra

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	C 0.				2. DATE OF DEATH		3. TIME OF D	EATH	
- 9	TAMMY 5	tuess for	-Marie	Gu	esssort	MONTH D	& YEAR	00.	104	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8, BIA	THPLACE (State o	or Foreign	
		1 □ M 2 💢 F	YRS.	ONTHS DAYS	HOURS MIN.	Dec. 15,19				
~	9e. FACILITY NAME (If not institution, give si	treet end number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATN		
DIRECTOR	University of Ma	ryland Hospit	al	Balt	imore		Balti	more		
Si l	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE	CITY	
E	Maryland Wash	ington	Wi	lliamsp	ort			1 YES 2 W NO		
A	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTR	Δ.	
FUNERAL	14241 Falling Wa	ters Road			21795		l II	USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	HC ORIGIN? (Specify Yes	or No.— 14. RA	CE American I	indlan,	
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify	Sp	icity:			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	THAT OCCUPATION	10.0	16b. KIND OF BUS		nite		
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of wor	k done during mos	st of working	168. KIND OF BUS	SINESS/INDUSTRY			
P	7	College (1-4 or 5+)	stude	nt		middl	e schoo	1		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, Meiden	Sumame)			
BE C	Steve Lynn Guess	ford			Aleta	Jean				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING AI	DDRESS (Street o		Route Number, City or Tow	n, State, Zip Code)			
۲	Gordon Guessford		312 S	.Mont V	alla AVe	., Hagerst	own, Ma	ryland	21740	
	20e. METNOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Remo		PLACE AND DATE OF		ma of	DATE 20c. LO	CATION — City or	Town, State		
	4 Donation 6 Other (Specify)	C	edar Law	n Memor		7-22-94	Hagerst	own,Mar	yland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	20 ' 1			CH FUNER					
	Acoust	Tunnick				Blvd., Ha	gerstow	n. Md.	21740	
	23. PART I. Enter the diseases, or of ahock, or heart feliure.	complications that caused List only one cause on as	the death. Do not	enter the mo-	de of dying, suci	h as cardlec or reapi	ratory arrest,	Approx		
	IMMEDIATE CAUSE (Finel	1 1	1 1		, 0				and Dagth	
	disease or condition resulting in deeth)  e. Surche Subalation Carlon moureid por ± 16 kg.  Due to (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions,  Due to (or as a consequence of):								>	
CERTIFICATION	if any, leading to immediate									
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			WASSOLED BA RED	CAL EXAMINE			
F	resulting in death) LAST	d			MERITAGE TO					
	PART ii. Other significant condition	e contributing to death bu	t met engelding in	about an advantage	aniai aliina ta	B				
CAL	Dialites	S contiguous to death bu	it not resulting in	tne undertying	ceuse given in	PERFOR	MED?	Ib. WERE AUTOPS AVAILABLE PR COMPLETION	IOR TO	
ED	70000	myjery	and.			1 _ YES 2	KNO	OF DEATH?	Dr CAUSE	
Σ	DID TOBACCO USE	CONTRIBUTE TO	CALISE OF	DEATH Y	YES   NO	2 []	<u> </u>	1   YES 2	□ NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	CONTINUOUS TO	CAUSE OF		ACE OF DEATH (Ch					
SIC	EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)				
H	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME (	OF 28c, INJ	URY AT	28d. DESCRIBE HOW I	NURY OCCURED	-		
- 4	1 Netural 5 Pending 2 Accident Investigation	(MoAth, Day Year) 7/17/94	± 5.3	WO M 1 □ Y	PK? PES 2 X NO	Horas h	re			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. RLACE OF INJURY -	- At home, ferm, stre			281, LOCATION (Speet of City or Town, State)	and Number or Run	i Route Number,	14.0	
TED	4 Nomicide determined building, etc. (Specify)					14-241 Fa	Hlub	Notes	140	
COMPLET	29e. CERTIFIER (Check only	ICIAN: To the best of my knowle	dge, desth occurred	at the lime, date	end place, end due	10 the cause(e) end mar	ner ee stated.			
NO	000)	R: On the basis of examination						e(e) end manner	ee stated.	
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER							29d. DATE SIGN	ED (Month, Day, Y	bar)	
							D 7/	8/94		
2	30. NAME AND ADDRESS OF P AGON WAS	PLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pr	rint)		0 7	1			
	SHOCK TRAVERA	CENTER 4	- 0/MA	225.	greene	St. Dal	leave "	40 212	101	
	31. DATE FILED (Moorth, Day, Year)	32. REGISTRAR'S SIGNA	TURE							

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age :		94
director, p	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	8 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once
Tuneral		examine
7	TOVA	163
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	FOR	CTATE OF B	AADVI AND	( DEDA						1.000			
	1 - STATE REGISTRAR	SIAIE UF N	MARYLAND /	DEPAR	ICAT	T OF I	DEAT	AND	MENTA	NEG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		-		iorti		שבת		2. DAT	E OF DEATH			3. TIME OF DEATH
	Cortia		Gr	een	2				MON		AY 5	YEAR	1130 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	Ĺ	8. BIRTH	PLACE (State or Foreign
	214-42-8737	1 🗆 M 2 💢 F	47	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year) Country)  7.12.1946 Delaware			
l	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CIT	Y, TOWN	OR LOCATE	ON OF DI		. 1 / . 1		ITY OF DE	Laware
8	825 South Divi	treet		S	ali:	shur	v			tot 4	com	ico	
DIRECTOR	RESIDENCE OF DECEDENT	717	or cco								INT	COM.	leo
E						OR LOCAT							10d. INSIDE CITY LIMITS?
	Maryland Wice	omico		S	<u>ali</u>	sbu							1 YES 2 NO
FUNERAL							. ZIP CODI	_			10g. CITE	ZEN OF W	HAT COUNTRY?
쀻	711 Booth Stre						2180					.S. I	
교	1 Never Married 2 Married		YES 2 X	NO	13.	If yes, sp	ecity Cube	n, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES			1 TYES	2 NO	Specifi	y:		- 1	Specify	
8	15. DECEDENT'S EDUC	CATION	16a. DE	ECEDENT'S	USUAL C	OCCUPATION	ON		16	b. KIND OF BU	SINESS/IND	USTRY	Black
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	Miles	live kind of u	work done se retired.)	during mo	st of working	ng					
1 <u>P</u>	12		·	omes	tic					Non	e		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Melden	Sumame)		
ш I	Samuel Kellam						Vir	ain	ia	Wise			
10 B	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a				nber, City or Tow	n, Stete, Zip	Code)	
F	Mary Showell		7	01 0	liv	ia :	St.S	ali	sbu	ry,Md	-218	01	
	20a, METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Remo	and down Cont.	20b. PLACE	AND DATE	OFDISPO	SITION (Na			DAT	TE 20c, LO	CATION —	City or Tow	
	4 Donation 5 Other (Specify)	Wal from State	Gree						1/	6 Sal	ishu	rv.	۸d.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	D ADDRES		CILIT			- 1 / -	
	* Hladus B	Stew	Tra							1 Hom			
	23. PART I. Enter the diseases, or c	omplicatione that	caused the de	eth. Do r	not ente	r the mo	MEST de of dvi	ng. auc	h ee cer	lisbu	retory arr	<u>a.z.</u>	Approximata
	ahock, or heert failure. I	list only one caus	se on each line	<b>9.</b>			,·			arab or roop.	natory arr	out,	Interval Between
	disease or condition	Ver	1/1.0.1		0.	6.	4						Onset and Death
	resulting in death)	DUE TO	Urreut	OUENCE OF	F):	149	YVV	W-		-			
z		Co	udion		0								13/5/92
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE										1/1/10
S	cause. Enter UNDERLYING CAUSE (Disease or injury			0									
	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								
Ä	resulting in death) LAST	l											
2	PART II. Other algoliticent conditions	a contributing to	death but not i	reaulting	in the u	nderlying	Ceusa C	liven in	Part I.	24a. WAS AN	ALITOPSY	24h 1	WERE AUTOPSY FINDINGS
MEDICA	Dealete		Uhrs							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
요										1 TYES 3	NO	1 '	OF DEATH?
													1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			_		28 PI	ACE OF DI	FATH (Ch	ack only o	00)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	AOO D	OTHE		11						
Ŧ	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT	aktience		or (Specify) SCRIBE HOW II	NJURY OCC	URED	
ВУ Р													
	200 DIACE OF IN HIDY At home from the state of the state												
	4 Homicide datermined	bonany,	eta (Specify)						City	or Town, State)			
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occum	ed at the	time, date	end place	and due	to the co	use(s) and ma-	Opr an stet-	od.	
N N													end manner ee stated.
	29b. SIGNATURE-AND TITLE OF CERTIFIER					-	29c. LICE						
BE	Col Dunanta								105	-	DATE	STUNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO						وب	11	23		-//	10/	T

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

106 Mulford 5+ Salisbour,

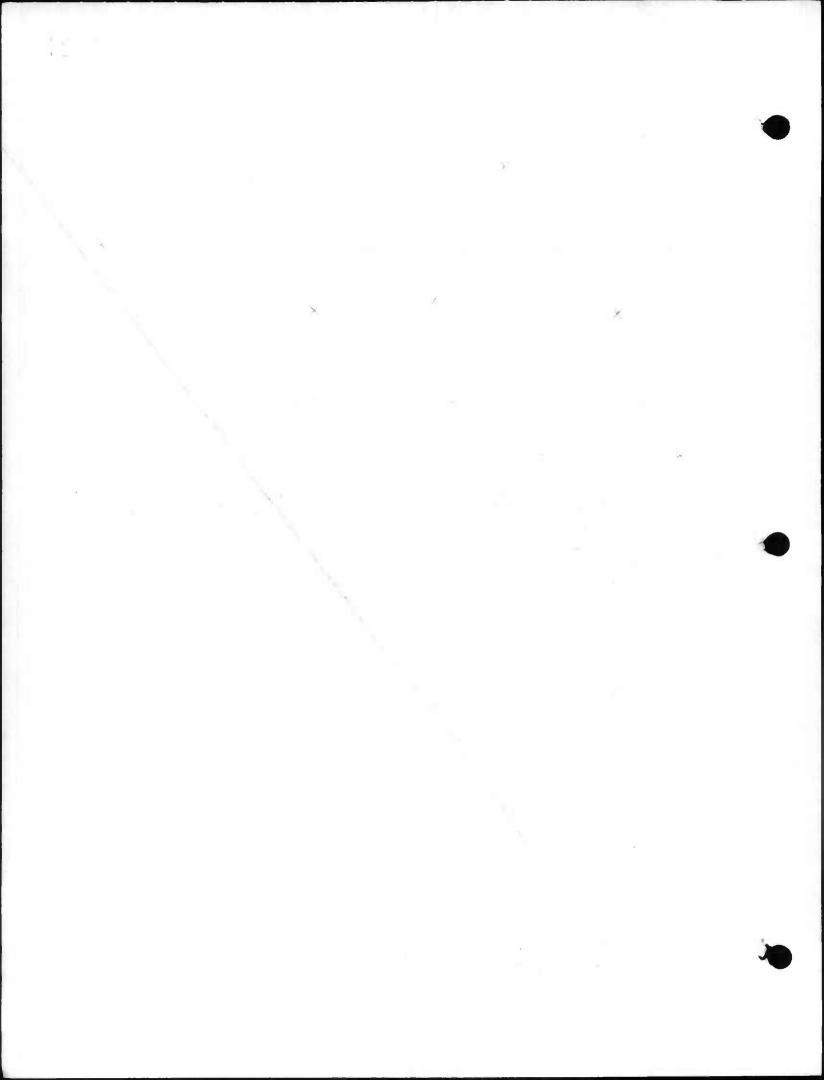
FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

JUL 13 1994 Julia Davidson Randall DHMH-16 Rev 1/89

21801

Salisbur



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-Wours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be med whim! At hours alian death with the State Dept. Or recent and hence in the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.	
d within 2-mo	ompletely filled	event, the m	
ate be executed	hysician and co	r traumatic u	
death certific	e attending ph	ury, or other	
quires that the	n signed by th	ows eny inju	
V: The law red	icate has been	Item 23 sh	
NG PHYSICIA!	fter this certifi	marked, or	
OR ATTENDI	DIRECTOR: A	Item 28 is	
THE HOSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	APORTANT: II	
F	F	5 =	

27.7

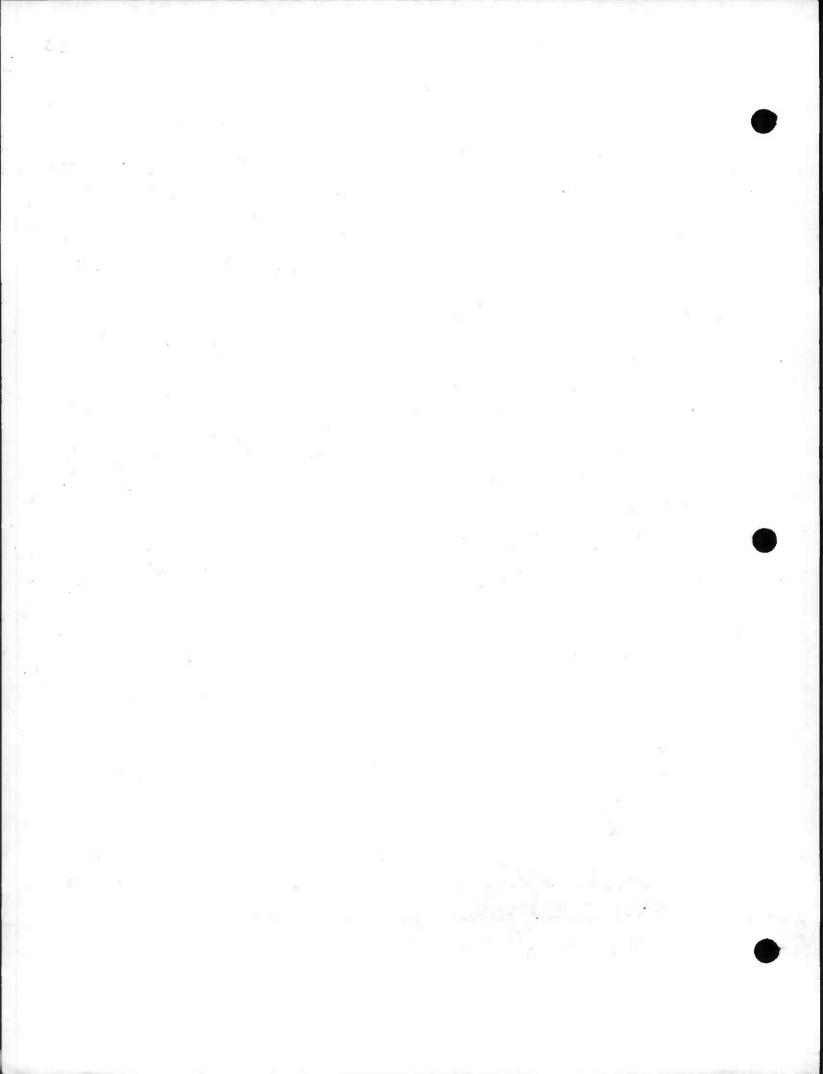
THE CONTROL OF THE STATE OF THE		FOR STATE REGISTRAR	STATE OF MARYLAND	) / DEPARTME			MENTAL HYGIE				
4. SOCAL SCHOTT YAMER PART A TOSA OF THE ASSOCIATION TO BE ASSOCIATED TO B		1. DECEDENT'S NAME (First, Middle, Last)	73		44	0.11	, 2. DATE OF DEATH		3. TIME OF DEATH		
S. SEX. 013-2-0216		BEALEICE		Sair rice	7.10(17)	- Origes	4	DAY 9			
SADING TO SERVED AND COUNTY OF THE ACT OF TH		4. SOCIAL SECURITY NUMBER		BIRTHPLACE (State or Foreign							
BARDOT CAPE POLOMAC  POLOMAC				YRS. MONTI	HS DAYS	HOURS MIN.					
THE THE TAR BASES OF CENTRAL STUDY BY A SOCIOUT EVEN IN U.S. AMADO SOCIEUT EVEN IN U.S. AMADO SOCIOUT EVEN IN U.S. AMADO SOCIEUT	_		Sterill register.	9b. C	OTY, TOWN OF	LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
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## DOCATION OF DESCRIPTION FOR SUPPORT OF THE PART I SHOW A PROPERTY OF THE PART I SHOW A	בַּ		12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED NO				es or No- 14			
The Designation of Designation and Consequence of State o	B		IF YES, GIVE WAR OR DATES	X					Specify:		
TRAINCHAIR SAME (TypuPring)  The Annowal Train Cappabianca  The Annowal Train Cappabiance of Implicit Cappabiance  The Annowal Train Cappabiance of Implicit Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance of Implicit Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance of Implicit Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance  The Annowal Train Cappabiance		15. DECEDENT'S EDUC	CATION 16a	. DECEDENT'S USUA	L OCCUPATION		16h KIND OF B	IISINESS/INDIIS			
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Shiftey Anne Cappabianca  Shiftey Anne Cappabianca  Shore (Shore Anne Cappabianca)  Shore (Shore Cappa	BE		Doherty								
20. NETHOD OF DEPOSITION 1 Denotion \$   Denotion \$   Date   Reconstruction   Date   Date   Reconstruction   Date   Date   Reconstruction   Date   Date   Date   Reconstruction   Date   Date   Date   Reconstruction   Date	2						Route Number, City or To	wn, Stets, Zip Co	de)		
Consider Secretaries   Secretaries   Consider											
21. SHONATURE OF ZUMERAL SERVICE LICENSEE    22. ARAME AND ADDRESS OF PACILITY   Francis J. Collins Funeral Home, Inc.		1 🗆 Burial 2 💢 Cremation 3 🗆 Remo	oval from State cometery,	, crematory or other pla	ica)						
22. PART I. Enter the diseases, or complications that caused the death. Do not enter this mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on sech lines.  IMMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter this mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on sech lines.  IMMEDIATE CAUSE (Final diseases or conditions, resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):  Sequentially list conditions, and the purpose of the cause of information of the purpose of the cause of the purpose of the			ENSEE METT				/111/94A1e	xandria	Virginia		
Approximate Anomalous conditions. It is not post cause of the death. Do not enter thalmode of dying, such as cardiac or respiretory arrest, individual and post and p		<b>▶</b> 1() · 1	71 5/ 1	0	rancis	J. Col	lins Fune	ral Hon	ne, Inc.		
Sequentially list conditions, and search land and sequence of the course		23. PART I Enter the diseases or o	omplications that severed the	dooth Do set of	00 Un	iversity	Blvd.,W.	Sil.Sr	or. MD 20901		
Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLING CAUSE (Disease or Injury that Inhitised evenis cause. Enter UNDERLING CAUSE (Disease or Injury that Inhitised evenis resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CON		shock, or heart failure.	List only one cause on each	e or dying, suci	1 SS CSIGNAC OF Fee	piretory strest	interval Between				
DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):		disease or condition	Cardina"	D. O.		不	0		Onset and Death		
DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):		DUE TO (OR AS A CONSEQUENCE OF):									
DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):	z	Sequentially list conditions a attheroseleratic Cardiovalcular Dulane									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Characteristic Caracteristic	if any, leading to immediate	DUE TO (OR AS A CON	ISEOUENCE OF):								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Characteristic Caracteristic	CAUSE (Disease or Injury	DUE TO (OR AS A COA	ISEQUENCE OF:								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Characteristic Caracteristic											
AMAILBLE PRIOR TO COMPLETED OF CAUSE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Dey, Year)  28e. DATE OF INJURY — At home, farm, street, fectory, office 28c. (INJURY AT WORK? Of Death (Check only one)  28e. DATE OF INJURY — At home, farm, street, fectory, office 28c. (INJURY AT WORK? Office)  29e. CERTIFIER (Check only one)  29e. DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  29e. DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  29e. DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  29e. DESTIFYING PHYSICIAN: To the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  29e. DESTIFYING PHYSICIAN: To the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  29e. DESTIFYING PHYSICIAN: To the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)  29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)  29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)  29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)  29e. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)		DART II Ohne de Miner des dist									
25. WAS CASE REFERRED TO MIDICAL EXAMINER?  1		PART II. Other significant conditions	contributing to death but no	ot resulting in the		-	Part I. 24a. WAS A PERF		AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MIDICAL EXAMINER?  1	בֿו בֿו	00-	TE CONSTRA	00 4 A		CORRECTO	1 TYES	2 NO			
2   Accident   S   Pending   Investigation   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)    29e. CERTIFIER (Check only 2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  39b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d. DATE SIGNED (Month, D		at 10 19	100 h	المحتوان	aulen	le	-		1 TYES 2 NO		
2   Accident   S   Pending   Investigation   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)    29e. CERTIFIER (Check only 2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  39b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d. DATE SIGNED (Month, D	Z Z	25. WAS CASE REFERRED TO MIDICAL	Marion		26 Pl A	CE OF DEATH /Ch	ock and and				
2   Accident   S   Pending   Investigation   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)    29e. CERTIFIER (Check only 2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  39b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d. DATE SIGNED (Month, D	2				IRR:						
2   Accident   S   Pending   Investigation   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)    29e. CERTIFIER (Check only 2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.  39b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29d. DATE SIGNED (Month, D			28e. DATE OF INJURY	28b. TIME OF	28c. INJU	RY AT		INJURY OCCUR	ED		
28e. PLACE OF INJURY — At home, farm, street, fectory, office  28e. PLACE OF INJURY — At home, farm, street, fectory, office  28e. CERTIFIER (Check only)  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICENSE NUMBER  29e. CICEN	- 1		(MORES, Day, Teller)	INJURY							
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner so stated.  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGN	3 Suicide 6 Could not be determined 29e. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner es stated.								Rural Route Number,		
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner so stated.  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGN											
300. SIGNATURE AND TITLE OF CERTIFIED  200. LICENSE NUMBER  200. LICENSE NUMBER  200. LICENSE NUMBER  200. DATE SIGNED (Month, Day, Year)  300. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  UNIQUES & U.S. H. WOULD, M. D. 10401 Old George four R. Bethosda.											
Jugustus 18. Agrico WD D-02027 July 8, 1994  July 8, 1994  July 8, 1994  July 8 & Bethood A.	5		t: On the basie of examination end	or investigation, in n	ny opinion, des	ith occured at the	time, date end place,	end due to the co	ause(e) end manner ee stated.		
JOHN WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Drugus bus H. Gourno, M. D. 10401 Old George town Rd. Bethosda.	ų l	396. SIGNATURE AND TITLE OF CERTIFIER	Da .	11		29c. LICENSE NUM	BER	29d, DATE SI			
Bugus bus A. Aquino, m. D. 10401 Old George town Rd. Bethosda.	2	30-NAME AND ADDRESS OF DEDSON WALL	COMPLETED CHIEF OF CALL	ung)		B-040	47	1 tu	प्पुठ, १४६५		
31. DATE FILED (Month, Day, Your)  22. REGISTRAR'S SIGNATURE  111 1 5 1991 Suidson-Pandall		Rugus fus H.	HOUINO, M	· b . 10	401	0/1 6	corgeta	m Rb	BethesdA.		
			92. REGISTRAM'S SIGNATUR	nder.							

1215-00	r attending p	use as the b	RELEI
BALTIMORE, MARYLAND 21215-00	the hospital o	detached for	once. A
, MARY	be retained by	ge 5 should be	e notified at
TIMORE	. Page 6 may	ral director, pa	iner must b
BAL	urs after death	in by the fune r removal.	edical exam
	thi:	stely filled smation, o	it, the m
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rouns after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. RELET
RDS, P.O.	it the death certi-	by the attending and Mental Hygies	Injury, or oth
L RECO	law requires the	as been signed lept. of Health a	23 shows am
VITA	MAN: The	rtificate h	or Item
ON OF	DING PHYSIC	After this ce	marked,
DIVISIO	OR ATTEND	DIRECTOR:	item 28 is
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72 h	IMPORTANT: II

RELEASED

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last)				DEMINI		OF DEATH		3. TIME OF DEATH
	ERNEST R.	GLASCOC	K			МОНТН	12		7:09PM
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	577-12-5402	1×120 F 79	YRS.	MONTHS DAYS	HOURS MIN,		. 5, 1		Washington, DC
_	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH
0 H	Suburban Hospita	1		Bethes	da			Montg	omery
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, CITY	, TOWN OR LOCAT	TON				10d. INSIDE CITY
E	Maryland Montgo	omerv	ROC	kville					LIMITS?
	10e. STREET AND NUMBER	7	1.00		. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11601 Danville Dr	ive			20852			Unite	d States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPA				RACE — American Indien.
BY F	1 \( \subseteq \) Never Married 2 \( \subseteq \) Married 3 \( \subseteq \) Wildowed 4 \( \subseteq \) Divorced	FORCES? 1 X YES	TES		2 NO Specific		Ican, etc.)		Black, White, atc. Specify:
		World War I							White
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of w life. Do NOT use	rork done during mo	ON st of working	16b.	KIND OF BUS	SINESS/INDUST	RY
12	Elementary/Secondary (0-12)	College (1-4 or 5+)					-16 D		
M	17. FATHER'S NAME (First, Middle, Lest)		Painte	T	16. MOTHER'S NA			mploye	α
ŏ	Albert Glascock				Bertie			Surrieme)	1
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural			n Stein Zin Cou	rie)
2	James G. Irby				Bel Air			2101	
	200. METHOD OF DISPOSITION	20Ь.	PLACE AND DATE O	F DISPOSITION (Na	ma of 7 / 16 /	Q4 DATE			
	1 Burial 2 X Cremation 3 Remo	val from State cema	ntgomery	Cremate	orium, I	nç.			, Maryland
	21. SIONATURE OF FUNERAL SERVICE LIC			22. NAME AN	ID ADORESS OF FA	CILITY R	obert	A. Pui	mphrey Funeral
	> Mide.	PANA.	M00803	Home/I	Bethesda	-Chev	y Cha	se, In	c. 7557
	23. PART I. Enter the diseases, or c	omplications that caused	the deeth. Do n	1120002	de of dving, auc	nue,	ec or read	ratory arrest	aryland 20814
	shock, or heart failure. [ IMMEDIATE CAUSE (Finel	Liat only one cause on ea	ch line.		,			,	Interval Batween Onset and Daath
	disease or condition	Card	. A.	cut					20 mi
	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF	):	^				
z		OUE TO (OR AS A MY) (A)	-dial 1	1 thret	Ion				2 dans
일	Sequentially list conditiona, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	h.							
E I	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):					
5	reading in datain, exist	J							
AL 0	PART II. Other aignificent conditions	a contributing to death bu	it not resulting in	n the underlying	ceuse given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
2							PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
								7,	OF GEATH?
ä						_			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	heck only one	)		
SIC	1 X YES 2 NO	HOSPITAL: 1 ☐ Inputient 2X ER/Outpa	itlant 3 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 🗆 Other	(Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TiME		URY AT RK?	28d. DES	CRIBE HOW I	NJURY OCCUR	EO
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY - building, etc. (Specif	Af home, term, a	treet, factory, offic		261. LOCA City o	TION (Street a	and Number or F	Rural Route Number,
COMPLETED	4 Homicide defermined								
7		CIAN: To the best of my knowle	edge, death occurre	d at the time, data	and place, and due	to the caus	e(a) and mar	ner as sfeted.	
S	one) 2 MEDICAL EXAMINE	R: On the beels of examination	and/or investigation	n, in my opinion, d	eath occured at the	fime, date a	and place, an	d due to the ce	tuse(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	2/			29c. LICENSE NU	MBER		29d, DATE SI	GNED (Month, Day, Year)
TO B	Much 1	Kun			D 30	794		▶ 7	114/94
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)					/
	5401 Wester	& preNW	Wrsh	PC	20015				
	31. OATE FILEO (Month, Day, Year)	33. REGISTRAR'S SIGNA	Panda 02						
- 1	JUL 1 8 1994	Drawn ministran	Marka						

DHMH-16 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH July 13, 1994 YEAR Charles Alfred Rolfe Gibb 9:25 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
March 3,1902 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 579-60-8639 1 X M 2 F 92 Mexico 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5511 Kirkside Drive Chevy Chase Montgomery RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Chevy Chase 1X YES 2 □ NO Maryland Montgomery FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5511 Kirkside Drive 20815 United Kingdom use as the burial-transit the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puarto Rican, stc.) 1 — YES 2 💢 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Royal Naval Officer British Royal Navy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stewart Gibb Audrey Neville-Rolfe T retained by BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Virginia Pascoe 4515 Cathedral Avenue, N.W., Washington, DC 20016 after death, Page 6 may be by the funeral director, page pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Mount Comfort Crematory 7/14 Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. 5130 WI Ave. NW examiner asie las Washington, D.C. 20016 medical illed in by t 23. PART LEnter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reappratory arrest, Approximate shock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition resulting in death) Congestive Heart Failure 2 weeks and completely to burial, cremati event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) executed wit Peripheral Vascular Disease, Severe 20 years other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING the attending physician and Mental Hygiene prior to 3 years Varicose Ulcers, Legs CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY and any certificate has been signed h the State Dept. of Health a 1 TYES 2 NO OF DEATH? Shows 1 TYES 2 NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗆 Nursing Nome 5 🕅 Residence 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this c 26b, TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Netural 1 TYES 2 NO DIRECTOR: After the hours after death item 28 is mark BY 2 Accident 28a. PLACE OF INJURY — At home, larm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL Do filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 2128 DC July 13, 1994 DRESS OF PERSON "HO COMPLETE" CAUSE OF DEATH (ITEM 27) (Type, Print) Philip R. James, M.D. 5401 Western Avenue, N.W., Washington, D.C. 20015 Day. 31. DATE FILED 3. HEGISTHAR'S SIGNATURE HONDER

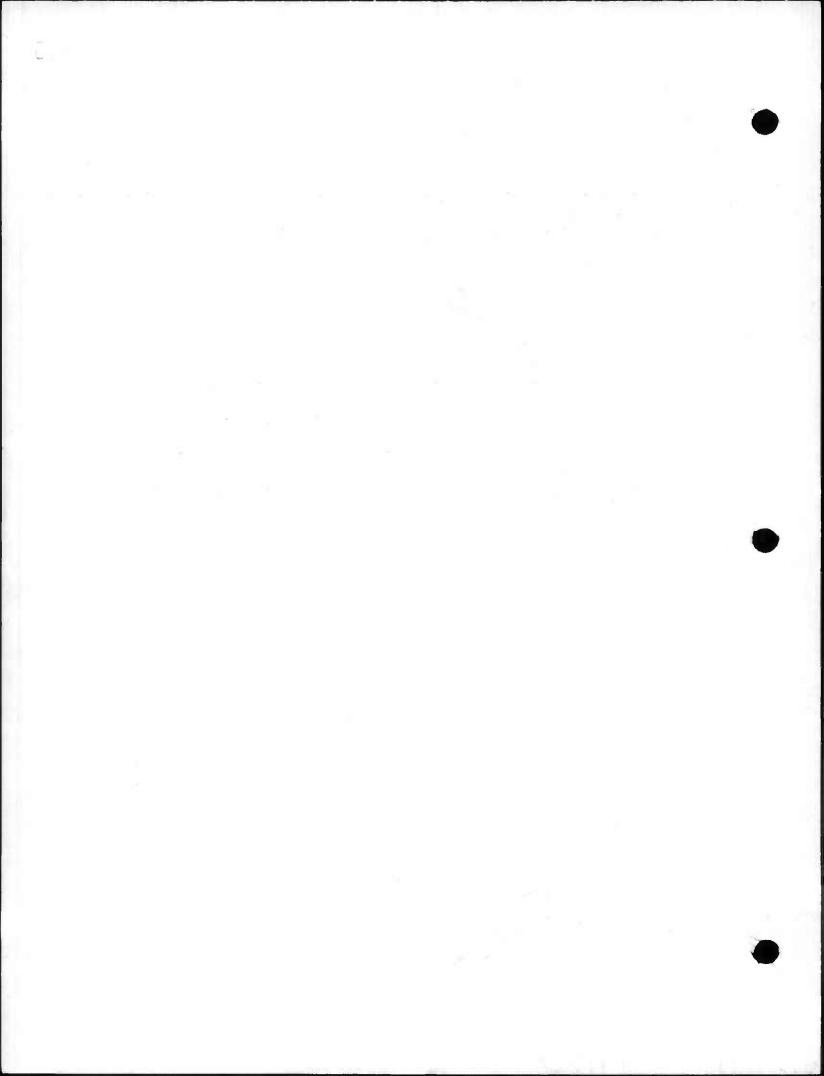
Deposit Sec 16:

,		1 - STATE OF N	IARYLAND / DEPAI CERTIF		HEALTH AND !	MENTAL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Micode, Lest)  Eva E. Griffith				2. DATE OF DEATH DAY 7 16	YEAR 94	3. TIME OF DEATH 4:30 AM M
P		4. SOCIAL SECURITY NUMBER  214 40 3017  Sea. FACILITY NAME (If not institution, give about and number)	8. AGE (In yrs. last birthday) 87 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 1-26-07	Cour	Md.
1, 2, 3 should	CTOR	Cumberland Nursing Center	er.	11111111111	on Location of DE	АТН	Allega	
n. Pages	DIRE	10a. STATE 10b. COUNTY  Md. Allegany	10c. Cr	Cumber				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Z	FUNERAL	100. STREET AND NUMBER 468 Fort Avenue			101. ZIP CODE 21502		10g. CITIZEN OF	A.
nding on seasons	BY	11. MARITAL STATUS 1 Mever Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If you,	ECENOENT OF HISPAN apacify Cuban, Maxica (ES 2 NO Specify		Ble	CE — American Indian, ck, White, atc. icity: White
al or atte	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (14 or 5 +	) life. Do NOT u	work done during	NTION most of working	Gounts	NESS/INDUSTRY	8
be der	E COMPLET	17. FATHER'S NAME (First, Middle, Last)  George R. Griffith				ME (First, Middle, Meiden St		
retain 5 sho	TO B	19a. INFORMANT'S NAME (Type/Print) Richard S. Willison	4	68 Fort	Ave., Cu	Route Number, City or Town, mberland, 1	id. 2150	
e 6 m ector,		20s. METHOD OF OISPOSITION 1 Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND OATE complete, cremators or Crematile	n Cumbe	(Name of Crema erland AND ADDRESS OF FA	7/16 Cumb		
death.		rohn P. Horn		Dur	st Funera	1 Home, Fro		Md*
wift hours reletely filled in cremation, or re		23. PART. Enter the diseases, or complications that shock, or heart feiture. List only one cau IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO	Cardiac (OR AS A CONSEQUENCE C			h aa cardiac or respira	story arreat,	Approximate Interval Between Onset and Death
th certificate be extending physician at Hygiene prior to or other traums	CERTIFICATION	CAUSE (Disease or injury	(OR AS A CONSEQUENCE CO. A. CONSEQUENCE CO.		<b>S</b>			
requires that the een signed by th of Health and N shows any Inji	MEDICAL	PART II. Other algnificant conditions contributing to	death but not resulting	in the underly	ring cause given in	Part I. 24a. WAS AN AP PERFORM 1  YES 2	ED?	B. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN: The law certificate has b the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1   I   I   I   I   I   I   I   I   I	ER/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (Ch			
G PHYSICI er this cen tith with the	ву РНУ	27. NANNER OF DEATH  1 Natural 5 Pending Investigation		ME OF 28c.	INJURY AT WORK?  YES 2 NO	28d. OESCRIBE HOW IN.	JURY OCCURED	
OR ATTENDIN DIRECTOR: Att hours after dea	ED	4 Homicide detarmined building,	F INJURY — At home, farm, etc. (Specify)	street, factory, o	ffice	281. LOCATION (Street an City or Town, State)	d Number or Rural	l Route Number,
4 42 E	COMPLET	29a. CERTIFFIER (Check only one)  CERTIFYING PHYSICIAN: To the bast of medical examiner: On the basta of as						(a) and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	lund	- Print	29c. LICENSE NUN	4981	≥ 7/16	196
		PETER 3. H	R'S SIGNATURE	5 3	ior Sc	HLEY S	T'lu	wherland
	10	JUL 18 1994 Julia l	Invitari Randall					

	FOR
1	STATE
•	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF		REG. NO.	-	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
		RIZZO			JULY 20		
	10.00	E (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1 4.	BIRTHPLACE (State or Foreign Country)
	061-14-2009 1 <sup>1</sup> √ M <sup>2</sup> □ F	75 YRS.			5-29-19		ew York
m	9e. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
0	Prince George's Hospital Ce	nter	Cheve	clv		Prin	ce George's
DIRECTOR	10e. STATE 10b. COUNTY		Y, TOWN OR LOCAT	ION			10d, INSIDE CITY
E	Maryland Prince George's			t Height	- 0		LIMITS?
	10e. STREET AND NUMBER			ZIP CODE	-5	10+ CITIZEI	N OF WHAT COUNTRY?
FUNERAL	6706 Halleck Street			20747		log. Grizzi	USA
Ž		UN U.S. ARMED	13 WAS DEC	20717	IIC ORIGIN? (Specify Yes	or No. 14	I. RACE — American Indian,
	11. MARITAL STATUS 1 Never Married 2 Merried 11. Never Married 2 Merried 12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, sp	ecify Cuban, Mexica	n, Puerlo Ricen, etc.)	O NO	Black, White, etc.
B	3XXWidowed 4 □ Divorced W.W. I		I TES	2XX NO Specify	<i>'</i> :		Specify: White
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BUS	INESS/INDUS	
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us		st of working			
린	12th	Oceanog Topogra			Federa]	Gove	rnment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
BE	Filippo Gia	rrizzo		Mari	la Gracia I	endal:	ino
2	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Town		
۲	Marie Angela Booth	29635	Grandpo	oint Ln.	Rancho Pal	los Ve	rdes,CA.90274
		06. PLACE AND DATE		me of	OATE 20c. LO	CATION — City	y or Town, State
	4 Donetion 5 X Other (Specify Entombrent R	emetery, cremetory or of esurrecti	on Cemet	erv 7-2	23-94 Cli	inton.	Marvland
	21. SIGNATURE OF FANERAL SERVICE LICENSEE		22. NAME AN	D AOORESS OF FA	CILITY		
	· What I Milles		Georg	ge P. Kal Ovon Hil	las funeral	. Home	, Md. 20745
	23. PART i. Enter the diseases, or complications that ceus	ed the deeth. Do n					
	shock, or heart feiture. List only one cause on	each line.				atory arross	interval Between
	iMMEDIATE CAUSE (Final disease or condition	111 6 7	melli	121			Onset and Death
	resulting in death)  DUE TO (OR AS	A CONSEQUENCE OF	7:	ap			
_	- 420e A	Euro FI	of will	4/			
Ö	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE OF	7:				
N S	cause. Enter UNDERLYING						
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS	A CONSEQUENCE OF	r):			-	
CERTIFICATION	resulting in deeth) LAST						
2	PADT II Other significant conditions contribution to doubt						
MEDICAL	PART II. Other significant conditions contributing to death	but not resulting I	n the underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă					1 _ YES 2	NO NO	OF DEATH?
ME							1 TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF					
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- 1-1	26. PL OTHER:	ACE OF OEATH (Che	ack only one)		
ΙΥS	1 VES 2 NO 1 Vinpetient 2 ER/Ou		4 - Nursing Hom	5 - Residence			
- 4	27. MANNER OF DEATH  28e. OATE OF INJURY (Month, Day, Year)		URY WO	RK?	26d. DEŞCRIBE HOW II	IJURY OCCUR	IED
B	2 Accident Investigation			ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	RY — At home, ferm, a pecify)	rireet, factory, office	1	261, LOCATION (Street e City or Town, State)	nd Number or	Rural Route Number,
COMPLETED			_				
4	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my known one)						
ő	One) 2 MEDICAL EXAMINER: On the page of adaminat	ion end/or investigatio	n, in my opinion, d	eath occured at the	fime, date end place, end	due to the c	ause(e) end manner ee stated.
BEC	29b. SIGNATURE AND THILE OF CERTIFIER			29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year)
	bycery cu	1 60		20	7451	D M	20 11
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Print)			-	
	Benjamin S. Pecson, M.D.	6106 01d	Silver H	lill Rd.	Forestvill	e. Md	. 20747
	31. DATE FILED (MTT) Pay 2 or 2 1994 32. REGISTRARIS SIA	MARURE Rang	tall		220201444	,	
	201 × 1934 20006	an interior and a second					



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CE		ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH
	RONALD GARRETT  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. los	et hirthday) IE	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1994 YEA	INTHPLACE (State or Foreign
ı	579-76-1250 1 ⅓M 2 □ F 37		HTHS DAYS	HOURS MIN.	September 5	, 1956 V	vashington, D.C.
TOR	ae. FACILITY NAME (If not institution, give street and number)  Prince George's Hospital Center RESIDENCE OF DECEDENT	96	o. CITY, TOWN	Chevenly	EATH	Prince (	
DIRECTOR	10o. STATE Maryland  10b. COUNTY Prince George's	10c. CITY, TO	OWN OR LOCA	Capito	1 Heights		10d. INSIDE CITY LIMITS? 1XX YES 2 NO
FUNERAL	100. STREET AND NUMBER 5923 Central Avenue		10	2074	l3	U.S.	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	1 or No — 14. R	RACE — American Indian, Black, White, etc., Specify: Black
COMPLETED	(Specify only highest grade completed) (Gillerentary/Secondary (0-12) College (1-4 or 5+)	ive kind of work Do NOT use re	ual occupation done during months during mon	st of working	St. Eliz	siness/industricabeth's h	
Ŏ.	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden		
BEC	John C. Garrett, Sr.				Shirley A.		
5					Poute Number, City or Tow col Heights,		20743
	20a. METHOD OF DISPOSITION 20b BLACE		SPOSITION (N			CATION — City o	
		and Vete	rans' Ce	metery	7/22/94 Ch	eltenham,	, Maryland
1	21. SIGNATURE OF FUNERAL SERVICE SICENSEE				Home, Inc. , N.E. Wash	ington. [	D.C. 20019
	23. PART i. Enter the diseases, or complications that caused the de ahock, or heart failure. List only one cause on each line iMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSE	<b>.</b>				ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE OF):					
MEDICAL	PART II. Other algoriticant conditions contributing to death but not r				Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAU	ISE OF I					
S	EXAMINER? HOSPITAL:		THER:	ACE OF DEATH (Ch	91		
HX	27. MANNER OF DEATH 28a. DATE OF INJURY	26b. TIME O	F 28c. IN.	URY AT	6 ☐ Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCURE	0
ВУР	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY		PRK? YES 2 NO	_		
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, stree	et, factory, offic	•	28f. LOCATION (Street and City or Town, State)	and Number or Ru	iral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, de						use(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0. 1		29c, LICENSE NUR	MBER		NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEE	, , , , ,		D 44			(14
	31. DATE FILED (Month, Day, Year) 9 32. REGISTRAR'S SIGNATURE	3001	Nusp	tal Dr.	, Chevel	y, M	10 20785
	JUL 2 1 1994 July Laurdson-Randell	2_					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chars after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPRETANT If from 28 is marked on item 23 shows any injury or other trainmatic exemt the medical avantance or
de	10 F	4
after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file filed within 72 hours after death with the State Debt. of Health and Mental Hyplene prior to burlal, cremation, or removal.	6.0
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR ERTIFI	TMENT	OF H	EALTH DEA	AND I	MENT/	AL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest)	A HE	141	LAN	SI	2			2. DAT MON	E OF DEATH		94	3. TIME OF DEATH
	015 1111 113		(In yrs. les	t birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATI	E OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
N.	90. FACILITY NAME (If not institution, give street DORCHESTER GENERAL				9ь. СІТУ, Т		RLOCATI			, , , ,	9c. COU	NTY OF C	
یظ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY												
L DIRECTOR		IESTER			HURLO	CK							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	4346 WADDELLS CORN	IER ROAD				101.	ZIP COD	E 21643	3		10g. CIT	USA	WHAT COUNTRY?
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 N Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X N	MED	H y	es, spe	offy Cuba	OF HISPAN In, Mexica Specify	n, Puerto	IN? (Specify Yes	or No—	14. RACI Blac Spec	E — American Indian, k, White, stc.
日日	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION ompleted)	(Gr	ve kind of w	USUAL OCC	UPATIO	N it of workin	ng .	16	b. KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	12	College (1-4 or 5+)	IIIo.	ARME	retired.)					AGRI	CULTU	JRE	
E 111	17. FATHER'S NAME (First, Middle, Lest) ALTON L. HOFFMAN						F	RISC	CILL	Middle, Malden A THOM	AS		
2	198. INFORMANT'S NAME (Type/Print)  LARRY A. HOFFMAN,	JR.								nber, City or Tow			21643
must be	20a. METHOD OF DISPOSITION 11/2 Burisl 2 Cremation 3 Ramovi 4 Donation 5 Officer (Specify)		D. PLACE A	NODATEO	F DISPOSITI	ON (Nan	ne of		DA	TE 20c. LO	CATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIGEN	ISER O	7	ILW PL	22. NA	ME AN	D ADDRE	SS OF FA	CILITY				
examine examine	Benard	Selle	1		106	MA	IN S	TREE	ET,	ME, P. EAST N	EW MA	RKET	207 C, MD 21631
	23. PART I. Enter the disease, or cor shock, or haert failure. List IMMEDIATE CAUSE (Final disease or condition	at only ofte ceuse on e	each iina.		ardia						ratory an	rest,	Approximata interval Between Onset and Death
evelli,	resulting in death) a.	DUE TO (OR AS	A CONSEC	UENCE OF	):								MINUIES
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS				ero	tic	Card	iova	ascular	Dis	ease	YRS
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQ	UENCE OF	):					·			
-	d												
MEDICAL	PART II. Other algorificant conditions of	contributing to deeth b	out not re	esulting in	the unde	rlying	cause ç	given in	Part i.	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	0153174												1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF D	EATH (Che	ock only o	ne)		Щ.	
YSIC	EXAMINER?  1 YES 21 NO 1	OSPITAL:	patient 3		OTHER: 4 - Nursin							-	
	27. MANNER DE DEATH  1 National 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		26b. TIME INJU	IRY	c. INJU WOR	HRY AT	NO.	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe-	/ — At hor	ne, farm, st				NO		CATION (Street a or Town, State)	and Number	or Rural F	loute Number,
LET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the heat of my know	dadas das	th annum	d at the time	data -							
COMPL	one) 2 MEDICAL EXAMINER:												and manner as stated,
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Hubert L	F	Lery,	M.D.		29c. LICE	NSE NUM	BER	ی	29d, DAT	E SIGNED	(Marth, Day, Year)
-	30. NAME AND ADDRESS OF PE WHO I HUMBEL FIL	MPLETED CAUSE OF DE	ATH (IT	27) (Type, 1	Print)	341.	20	57		cAm	BRU	XeE	Mo 2613
	31. DATE FILED (MONTH, Day Your 1994	32 of GET HAR SANGE	ANDRE	40004		-	-			·			

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I MILITARIA CONTRACTOR TO CONTRACTOR OF THE PROPERTY OF THE PR	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT ICATE				MENTAL HYGIE			
	DECEDENT'S NAME (First, Middle, Lest)	atherine	Marie	. Но	oper		A.		2. DATE OF DEATH MONTH June 2		YEAR	TIME OF DEATH 4:29 A. M
	4. SOCIAL SECURITY NUMBER 219-22-3525		7.8		IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV - 25		BIRTHPLA Country)	CE (State or Foreign
TOR	9a. FACILITY NAME (II not institution, give s Fallston General RESIDENCE OF DECEDENT		tal					ON OF OE	aryland		r for	
FUNERAL DIRECTOR	10e. STATE 10b. COUNT	timore			v, тоwn о seda		ION				- /4	d. INSIDE CITY LIMITS?
NERAL		n Court					212	37		U.	S.A.	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2V	MED NO	11	f yes, spe	cify Cube	of HISPAN In, Mexica Specify	IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No—	4. RACE — Black, W Specify:	American Indian, hite, etc.  White
PLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(G life	ive kind of t Do NOT u	work done done retired.)	luring mo	N st of workin	ng	Home	BUSINESS/INDU	STRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Francis	Mill		use	wile		18. MOT		ME (First, Middle, Make	len Surname)		
TO B	19e. INFORMANT'S NAME (Type/Print)  Mark G. Mil	ler	1	213	9 Bu	ell	Dr	. Fa	Poute Number, City or allston	Md.	210	
	20a_METHOO OF DISPOSITION 1		20b. PLACE other pl	ace)	Mem	. G	ard	ens	Ве	el Air	, Md	
	Bonfamin 23. PART I. Enter Me diseases, or	W. Ku	irts	ooth Do								Md.2108
	shock, or heert feliure.  immediate Cause (Finel disease or condition resulting in death)	List only one cause	on/eech line		4							Approximete interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	// DUE TO (0	OR AS A CONSE	QUENCE O	F):	HERU	KL	EROT	on Tic Hem	et dis	ERE	
MEDICAL	PART II. Other algnificant condition WASSIVE ST  IS CHEMIC	BOWEL	R F	reaulting	in the un	derlying UP I	PAL .	given in	Part L 24a. WAS PERI 1 - YES	AN AUTOPSY FORMED? 3 2 D NO	24b. WE AM CO DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Num	R:			eck only one)  6  Other (Specify)			
ВУ	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day			JURY	1 🗆 1	RK? /ES 2 [	□ NO	28d, DESCRIBE HO			n Alternham
LETED	3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHYS	building, e	tc. (Specify)					and due	City or Town, St	eto)		, y was contained
COMPL	(Check only 2 MEDICAL EXAMINI	ER: On the beele of exa					eath occu		time, date end place	, end due to the	ceuse(e) an	
TO BE	Admarian.	IO COMPLETED/CA/USE	OF DEATH OTE	D 27) (Free	Print)		11/1	02	2	Þ 7/	n/ay	onth, Day, Year)

32. REGISTRAR'S SIGNATURE

July Shubban Rayball

DHMH-16 Rev 1/89

MD

P. 021.115

FOR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CE	-11111	IONIE C			REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,	)						TE OF DEATH	V VI	3. TIME OF DEATH
ABRM		ters		Hamme	tt	8	7 17	92	appro
4. SOCIAL SECURITY NUMBER 213-18-8200	5, SEX	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER 1 YEAR	B HOURS MIN.	9/	TE OF BIRTH (1th, Day, Year)		BIRTHPLACE (State or Forei Country) Maryland
9a. FACILITY NAME (If not institution, give 1402 Brehm R RESIDENCE OF DECEDENT					n or location of stminste			9c. COUNTY	of DEATH
10a. STATE 10b. COUN	rroll		10c, CIT	Y, TOWN OR LO	cation Stminste	r			10d. INSIDE CITY LIMITS? 1 YES 2 NO
1402 Brehm Ro	ad				101. ZIP CODE 21157	7			of WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARM YES 2 N	10	If yes	DECENDENT OF HISP , specify Cuben, Mexi /ES 2 XNO Spec	can, Puert		or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 d	(Gh	Do NOT us	usual occup work done during se retired.) keepel	most of working	1	6b. KIND OF BUS	SINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Lest)						AME /First	t, Middle, Maiden	Sumama)	
Arthur Gorma	n Hamr	nett			Anna		Pete		
19e. INFORMANT'S NAME (Type/Print)	II IIII		. MAILING	ADDRESS (Stre	et and Number or Run				de)
Dorothy Marie	Hammet				n Road,				
20e. METHOD OF DISPOSITION  1 fty Burlet 2 Cremetion 3 Red 4 Donetion 5 Other (Specify)	movel from State	20b. PLACE A cemetery, crer	matory or o	of DISPOSITION (ther place)	ch Cemet	/94			or Town, State
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	THE E		22, NAM	AND ADDRESS OF	ACILITY			
23. PART I. Enter the diseases, or shock, or heart fellure	complications tha	Suxtalr It coused the decise on each line.	eth. Do r	412	itts Fur 2 Washir <sup>mode of dying, ac</sup>	gto	n Rd.,	West	Approximate Interval Bet
23. PART I. Enter the diseases, or	a. ULL DUE TO DUE TO	Swittsty It coused the decise on each line.  Last to (OR AS A CONSEG (OR AS A CONSEG (OR AS A CONSEG	BUENCE O	1412 not enter the Carl F):	2 Washir	gto ich as ca	n Rd.,	West	minster,
23. PART I. Enter the disease, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Use only one cau  a. Use To  b. Due To  c. Due To  d.	OR AS A CONSEG	BUENCE OF	1412 not enter the  Carl F):  Print F):	Washir mode of dyling, and	igto ich as ca	n Rd., ardiec or reepiration with the control of th	West	Approximate Interval Bet
23. PART I. Enter the diseases, or shock, or heart feilure immediate cause (Finel disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Use only one cau  a. Use To  b. Due To  c. Due To  d.	OR AS A CONSEG	BUENCE OF	1412 not enter the  Carl P: Prim P: In the underl	Washir mode of dying, at the work of the w	igto ich as ca	n Rd., ardiec or reepi	West	Approximate interval Bett Onset and E Cucles  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
23. PART I. Enter the disease, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions. If any cause in the cause of the cause in the cause in the cause in the cause of the cause in the cause of the cause	a. List only one cau  a. List only one cau  b. DUE TO  c. DUE TO  d	(OR AS A CONSEQ	BUENCE OF	A12 not enter the  Carl F):  F):  In the underl  Carl F):  OTHER:	Washir mode of dying, at the work of the w	n Part I.	n Rd., ardiec or reepiece with the second se	West	Approximate interval Bett Onset and E Cucles  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?
23. PART I. Enter the diseases, or shock, or heart fellure in the process of shock, or heart fellure in the process of shock, or heart fellure in the process of the proces	a. List only one cau  a. List only one cau  a. DUE TO  b. DUE TO  d. DUE TO  d. HOSPITAL:  15-Inpatient 2  28e. DATE OF (Month, D	OR AS A CONSEG	GUENCE OF	A12 not enter the  Carl F):  F):  In the underl Carl F):  OTHER: 4   Nursing is to provide the carl VINTY   28c.	Washir mode of dying, at which was a second dying, at which was a second distribution of the second di	n Part I.	n Rd., ardiec or reepi	AUTOPSY MED?	Approximate Interval Bett Onset and Conset a
23. PART I. Enter the disease, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions are sufficient to make the condition of the co	a. List only one cau  a. List only one cau  b. DUE TO  c. DUE TO  d. DUE TO  d. HOSPITAL: FS-inpetient 2  28e. DATE OF (Month, D)  28e. PLACE O	OR AS A CONSEG	BUENCE OF BUENCE	A12 not enter the  Carl F):  F):  In the underl Carl F):  OTHER: 4   Nursing I	Washir mode of dying, at the mode of dying, at the mode of dying, at the mode of the mode	n Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	Approximate Interval Bett Onset and Conset a
23. PART I. Enter the disease, or shock, or heart fellure immediate CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the condition of the con	a. List only one cau  a. DUE TO  b. DUE TO  d. DUE TO  SICIAN: To the best of	death but not received by years and the second of the seco	BUENCE OF BUENCE	other:    Alignot enter the	Washir mode of dying, at mode of dying, at work of the place of Death (in the place). PLACE OF DEATH (in the place) and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place of the	n Part I.	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AND OCCUR.	Approximate interval Bett Onset and E Culled Analysis Prior TO COMPLETION DF CALL OF DEATH?  1 YES 2 NO
23. PART I. Enter the disease, or shock, or heart fellure immediate CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions in the condition of the con	a. List only one cau  a. List only one cau  a. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. List only one cau  POPE TO  DUE TO	GR AS A CONSEG  GOR AS	DUENCE OF COUNTY OF THE PROPER	A12 not enter the  Carl F):  Proceed at the time, on, in my opinio	Washir mode of dying, at mode of dying, at work of the place of Death (in the place). PLACE OF DEATH (in the place) and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place, and diffice of the place of the	n Part I.  Check only 28d. D  28f. LC	24a. WAS AN PERFOR 1 VES 2	AUTOPSY MED?  NO NUMBER OF F	Approximate interval Bett Onset and Conset a

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

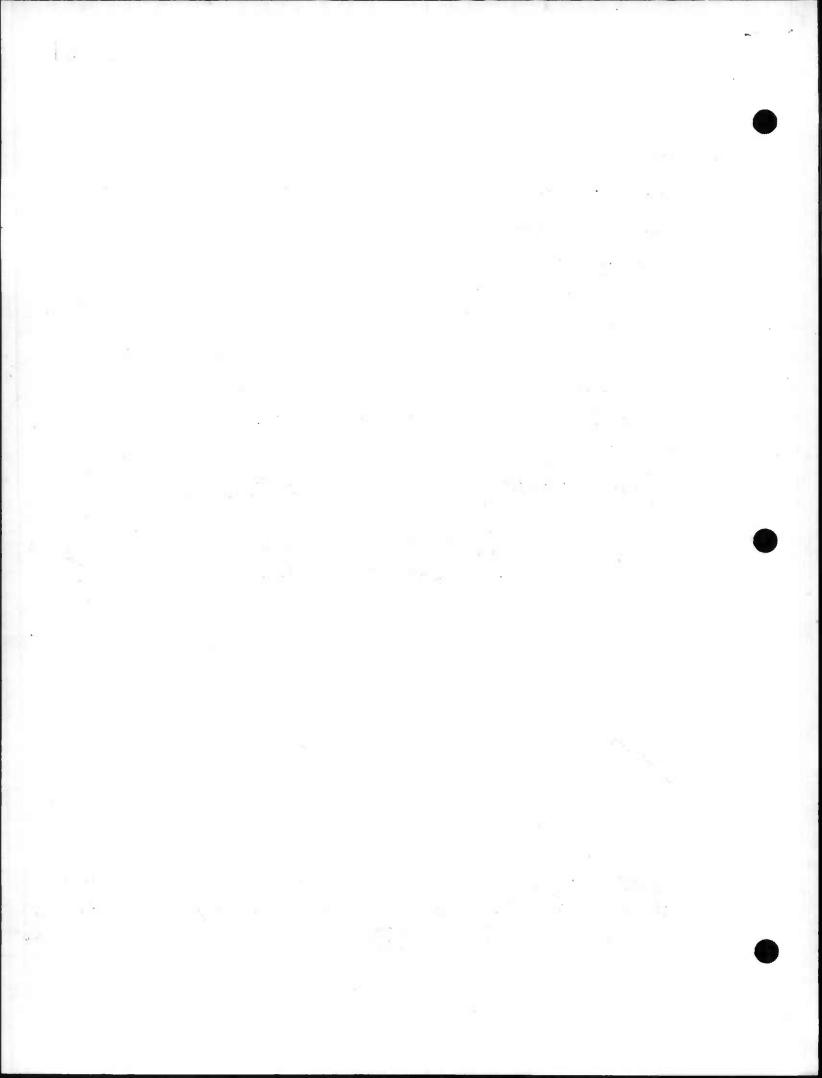
	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH										
1	Edwin Forrest Hewitt				July 18,	2:05P.M					
10	190-16-4972	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURG MIN.	7. DATE OF BIRTH (Month, Day, Year) May 1, 19	23 * BH	RTHPLACE (State or Foreign untry)				
TOR	98. FACILITY NAME (If not institution, give street and number)  8514 Rosebud Ct.			iddletow		ec. county of	rederick				
DIRECTOR	10s. STATE 10b. COUNTY Md. Frederick	10c. CITY	v, town or locat Middl				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	8514 Rosebud Ct.	•	101	21769		F WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 $\square$ Never Married 2 $\bowtie$ Married 3 $\square$ Widowed 4 $\square$ Divorced 12. Was decedent ever in 1 FORCES? $\bowtie$ YES IF YES, GIVE WAR OR DAT $1943-1964$	2 NO	If yes, spe	enDENT OF HISPAN pelfy Cuben, Mexica 2 X NO Specify	tC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	В	ACE — American Indien, lack, Whita, atc. pecify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of w life. Do NOT us	,		16b. KIND OF BUS						
MP	17. FATHER'S NAME (First, Middle, Last)	Lt. Co.	ToueT		U. S. A		.e				
BE CC	James A. Hewitt			Olive R							
2	19a. INFORMANT'S NAME (Type/Print) Mildred V. Hewitt				dlatorn Number, City or Town						
	20e. METHOD OF DISPOSITION 20b E	LACE AND DATE O	514 Rosebud Ct., Middletown, Md. 21769  ND DATE OF OISPOSITION (Name of OATE 20c. LOCATION — City or Town, s								
	4 Donation 5 Other (Specify) Ar	lery, crematory or ot lington	Nationa	1 Cemete	ry7/26 Arl	ington,	Va.				
	21. SIGNATURE OF FUNERAL SERVICE TRENSEE  22. NAME AND ADDRESS OF FACILITY  Donald B. Thompson Funeral Home  31 E. Main St., Middletown, Md. 21769										
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.   Attrostic										
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Dut TO (or as a consequence of):  Chewatory at the property of the conditions of the con										
CERTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of):										
ERT	resulting in death) LAST										
DICAL	PART ii. Other eignificent conditions contributing to daeth but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO OF C										
PHYSICIAN: ME	OF OEATH?										
MAN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (Che	ick only one)						
SIC	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetient 2 ER/Outpet	lent 3 DOA	OTHER: 4 Nursing Home	5 Rasidenca	8 Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  Another Investigation	28b. TIMI	E OF 26c, INJ	RK?	28d. DESCRIBE HOW II						
	2 Accident investigation 3 Suicide 8 Could not be datarmined 4 Homicide Carring Suicide 1 Could not be datarmined Suicide 1 City or Town, State) 289. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route City or Town, State)										
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination of						se(s) and manner as stated.				
BE	29b. SIGNATURE AND TITUE OF CERTIFIER	-		29c LICENSE NUM	0516	29d. DATE SIGN	1/20/54				
5	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEAT	$\checkmark$	Print) 14	75 J	MTY	Are	FUDIN				
	31. DATE FILEO (Month, Day, Year)  JUL 2 2 1994  32. REGISTRAN'S SIGNAT	year Rada	23				772				

Tannan Mark BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within. Nous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

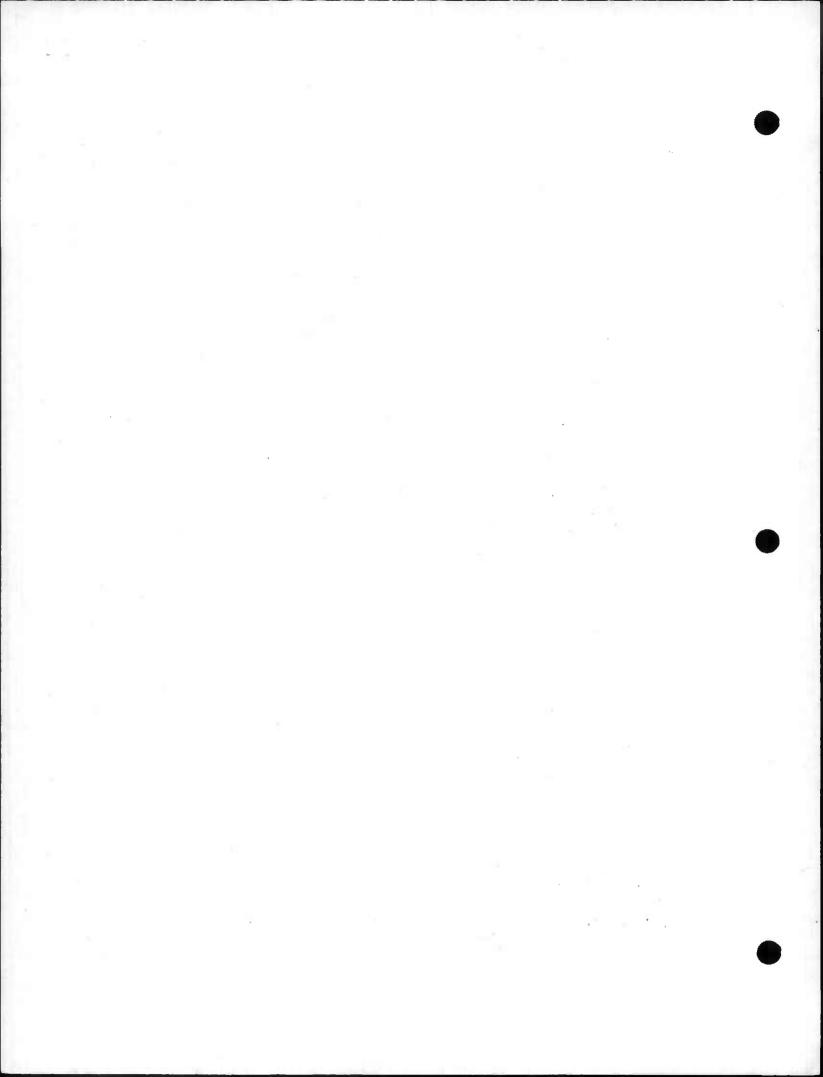


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	nedis Than				CENTI	FICAL	EUF	DEA	10	P	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF OEATH 3. TIME O					
	LYDA NMN				HINRICHS					July 21, 1994 7:30 a					М
	4. SOCIAL SECURITY NUMBER 212-54-5673		5. SEX	8. AGE (In 91	6. AGE (In yrs. last birthday) 91 YRS.		ER I YEAR DAYS			7. DATE OF BIRTH		03 8. BIRTHPLAC		IPLACE (State or Foreign	ign
	9a. FACILITY NAME (If not institution, give street and number)					9b. CI	TY, TOWN	OR LOCATI	ON OF DE			9c. COUN	ITY OF D	EATH	
DIRECTOR	Frederick Health Care Center				100	eder					Frederick				
입		Ob. COUNTY	r		10c, C	ITY, TOWN	OR LOCA	TION			_			10d. INSIDE CITY	
	Maryland 1	Montg	omery				Cha	se				LIMITS?			
FUNERAL	5521TRENT	Stre	et			10f. ZIP CODE 20815					U.S.A				
Β	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed XX Divorced  12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 XIII FYES, GIVE WAR OR DATES				2 XX	IED 13. WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 1 it yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2 XNO Specify:					Black	4. RACE — American Indian, Black, White, atc. Specify: White			
ETED	15. OECED (Specify only hi	ENT'S EDUC	CATION	- 1	16a. DECEDENT	'S USUAL	OCCUPATI	ON		.16b. KIR	ID OF BUS	SINESS/IND	USTRY		
COMPLET	Elementary/Secondary (0-12		College (1-4 or 5	+)	Itte. Do NOT	work don use retired mema	.)	ost of worldi	set of working Home						
8	17. FATHER'S NAME (First, Midd	le, Last)					16 MOTHER'S MAI			AME (First, Middle, Malden Surname)					
BE C	George		LANGFOR	D					Sydr	ne	]	HOLME	_		
2	Mrs. Lee H. 1									Rocky				and 21778	8
	20a. METHOD OF DISPOSITION 1	3 🗌 Remo	oval from State	20b. F cernel	PLACE AND DATE	e of dispe	rema	tory	July	DATE 22,	20c. LO 994	Smit	hsbu	wn, State irg, Mary	lan
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					2:	Keen	ND ADDRE	ss of FA	asford	P.A.	Fun	era1	Home	
$\dashv$	23 PART I Enter the dies	2) C .		M00255 106 East Church Street, Frederick, t caused the death. Do not enter the mods of dying, such as cardisc or respiratory street,								k, Md. 2	170		
	shock, or heat IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure. I	List only one cau	ISO ON BBC	consequence		er the mo	oas or ay	ing, suc	n ss cardisc	or respi	ratory sm	est,	Approximate interval Betwoonset and D	ween
ERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ite	DUE TO	(OR AS A	CONSEQUENCE	OP:									
S	PART II. Other significant	condition	a contributing to	death but	t not consiste	In the			-1 1	Deat In			1		
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Urmany to of left if 1 24s. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDING AMBILBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									ISE					
Z	25. WAS CASE REFERRED TO N	/EDICAL					26 D	ACE OF D	EATH (Ch.	eck only one)					
VSIC.	EXAMINER?		HOSPITAL:	ER/Outpat	lient 3 DOA	STHI	ER:			8 Other (Sp	ecify)				
BY PHYSICIAN: M		Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 VES 2 NO													
		uld not be ermined	26a. PLACE O building,	F INJURY — etc. (Specify	- At home, farm	, street, fa	ctory, offic	•		281. LOCATIO City or To	N (Street a wn, State)	nd Number	or Rural R	loute Number,	
COMPLETED			CIAN: To the best of R: On the beale of a											) and manner as state	ed.
O DE	29b. SIGNATURE AND TITLE OF	10.1	he d.	3/05				29c. LICI	ENSE NUM	MBER		29d. DATE		(Month, Day, Year)	
	30. NAME O ADDRESS OF P		M.D., 1	0200	Copp	erm	ine	Road	1, W	loodsh	oro	, MD	21	798	
	31. DATE FILED (Month, Day, Year	ir)	32. REGISTRA	A SIGNA	LON ROAL	u			-			_			



# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	`	J	CI		ICATE O			ILIVIAL.	REG. NO.				
	Robert Cyroca				Heller, Sr.				2. DATE O		3. TIME OF DEAT	POH		
	4. SOCIAL SECURITY NUMBER 219-14-9876	t)	SEX M 2 D F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		MIN.		F BIRTN Day, Year)	925	Countr	PLACE (State or For	
DIRECTOR	••. FACILITY NAME (If not insti Frederick M	lemorial		ital		эь ситу, том Freder					9c. COU	deri	EATN	
2	RESIDENCE OF DECE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY	
		Lake			Lad	y Lake							LIMITS?	
FUNERAL	953 Orchid	Stree	t				32159		10g. CITIZEN OF WH United				States	
₽	1t. MARITAL STATUS  1 Never Merried 2 M  3 Widowed 4 Divorce	larried	. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N AR OR DATES	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, at							c, White, atc.	in,	
COMPLETED	15. DECED (Specify only in Elementary/Secondary (0-12	DENT'S EDUCATION COMPANY COMPA	ON pleted) ollege (1-4 or 5 +	(G	CEDENT'S ive kind of a Do NOT un	4	TION most of worldr	ng		edera	BUSINESS/INDUSTRY			
≥	17. FATHER'S NAME (First, Midd	die Leet)			1.210	man						0 7 6 1	IIIICITE	-
BE CC	Frank L.	Heller					An	nie	Mayb	elle	Phi		S	
2	Ruth E. Kn		ller			rchid S							32159	
	20e. METHOD OF DISPOSITION  1 M Burtel 2 Cremetion  4 Donetton 5 Other (S)	3 - Removal	from State	20b. PLACE A cemetery, cre	ANDDATE OF DISPOSITION (Name of page) Olivet Cemetery 7/28/94 Frederick, Mar									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Ho													
į,	1 Rand	P.B. 1	Mac	Cay		1621	Oposs	umto	wn Pi	ke,	Fred	eric land	k	
	23. PART i. Enter the disc	eesea, or com	plicatione that	caused the de	eth. Do i	not enter the n	node of dyl	ing, such	aa cardle	c or reapi	ratory ar	rest,	Approxima	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		Mes	jeint	- +	Falen	2 _						Interval Be Onset and	
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d													
MEDICAL (	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS  AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										o			
	DID TOBACCO	USE CO	NTRIBUTE	TO CAUS	SF OF	DEATH	YES [7]	NO			\		1 YES 2	10
PHYSICIAN:	25. WAS CASE REFERRED TO I						PLACE OF D		ck only one)					
Sic	1 YES 2 NO	13	OSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	100			Specify)				
Ŧ	27. MANNER OF DEATN		28e. DATE OF	INJURY	28b. TIM	E OF 28c. I	NJURY AT	_		RIBE HOW I	NJURY OC	CURED		
ВУ Р	1 Netural 5 Pending (Month, Day, Year)					M 1	YORK?	] NO	000012					
ETEO		ould not be termined	building,	F INJURY — At ho	me, term,	street, factory, of	lice			TON (Street e Town, Stete)	and Numbe	r or Rural R	loute Number,	
COMPLETE				my knowledge, de emination end/or i									) and menner ea st	eted.
BE C	29b. SIGNATURE AND TITLE O		Im	~		>	29c. LICE	ENSE NUME	BER O	,	29d. DAT	E SIGNED	(Month, Day, Year)	7
2	30. NAME AND ADDRESS OF P	PERSON WHIS CO	MPLETED CAUS	E OF DEATH (ITE	<b>М 27)</b> (Туре		1//	10	7 11			16	3/17	
	DR KOBERT  31. DATE FILED (Month, Day, Yes		FMAN	RE SIGNATURE	300	West	9+h	SV	treet	- 7	rede	rick	, MD 21	701
	1111 2.7	7 1994	yalla.	TO THE WALL OF	Work !	4								ŀ

FOR

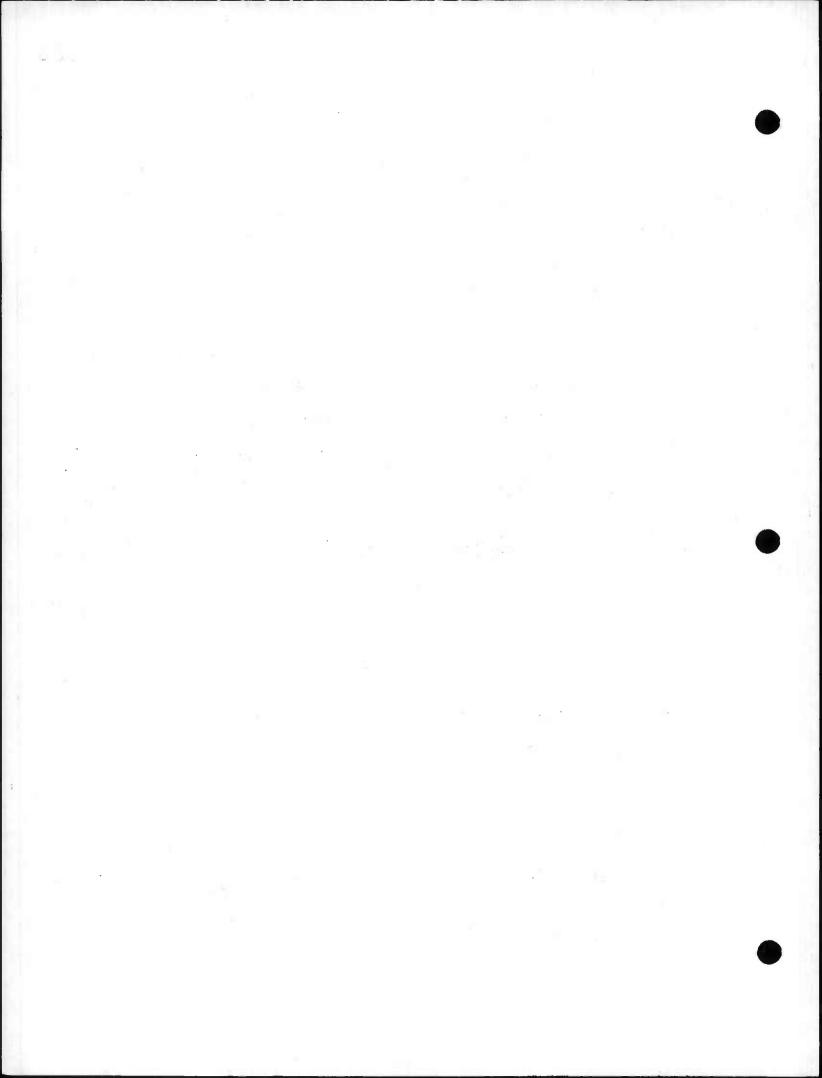
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

1994

DHMN-18 Rev 1/89

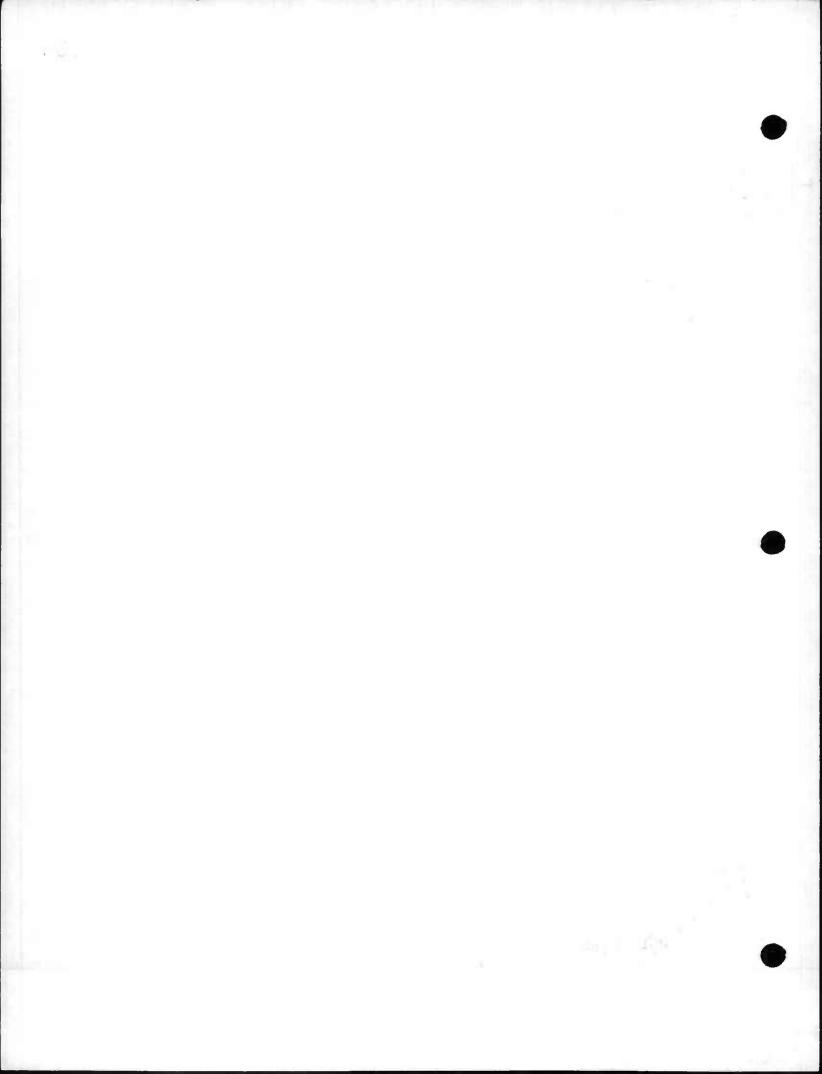


#### John William Helmer, Sr.

	an.	transit permit. Tage 1, c. 8 s build	
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physicia	I in by the funeral director, page 5 should be detached for use as the burial-to removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	•							
STATE OF	MARYLAND /	<b>DEPARTMENT</b>	OF I	HEALTH	AND	MENTAL	HYGIENE	
		RTIFICATE					DEC NO	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)	-			E OF DEATH	3. TIME OF DEATH						
	John W.			Не	lmer		July 17 1			8:19 p.m.	М	
	OF THE STATE OF TH		yrs. lest birthday)	IF UNDER 1 YEA		7. DATE	OF BIRTH	1000	BIRTH	PLACE (State or Foreign		
	377 10 1330	X M 2 □ F   84	YRS.	MONTHS DAY	HOURS MM.	Nov. 22,		1909	Rus	sia		
œ	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOW	N OR LOCATION OF E	EATH		9c. COUNTY OF DEATH				
DIRECTOR	Avalon Manor Ho	me, Inc.		На	gerstown			Was	hin	gton		
JEC.	10a. STATE 10b. COUNTY							10d. INSIDE CITY				
	Maryland Washi	ington	Ha	agersto	wn					LIMITS? 1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER		-		101. ZIP CODE					HAT COUNTRY?		
NE E	12 S. Walnut Stree	A			21740			USA				
	11. MARITAL STATUS 12 1 Never Married 2 XMarried	P. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO		ECENDENT OF HISPA specify Cuban, Mexic			or No 14	. RACE Black	- American Indian, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	10	ES 2 X NG Speci	Wy:			Specif	White		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION	16a. DECEDENT'S	USUAL OCCUP	TION most of working	16	b. KIND OF BUS	INESS/INDUS			$\dashv$	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do NOT us	o retired.)	most or working							
MP	6		agent				insurar					
	17. FATHER'S NAME (First, Middle, Last) William Helmer:				18. MOTHER'S N.			Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)		top MAILING	ADDDESO (0-	Julie st end Number or Rural		ckman				_	
2	Maran V. Helmer						stown,			1 21740		
	20a. METHOD OF DISPOSITION		PLACE AND DATE O	F DISPOSITION	(Name of	OA		CATION — CH			$\dashv$	
	1 N Burlet 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State ceme	ose Hill	Time Cenetery 7/20 Hagerstown, Marylan								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street										$\exists$	
	Funeral Home Hagerstown, Maryland											
	23. PART I. Enter the diseases, or corr shock, or heart failure. List	plications that caused	the death. Do n	ot anter the	mode of dying, suc	ch as car				Approximata		
	IMMEDIATE CAUSE (Final	Comy one cause on ear	cii iiile.							Onset and Dear		
	disease or condition resulting in death)											
	DUE TO (OR AS A CONSEQUENCE DF):											
ON	Sequentially list conditions,  M. any leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):											
\$	cause. Enter UNDERLYING											
E	CAUSE (Disease or Injury that Initiated events DUE TO (DR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
AL C	PART II. Other significant conditions c	ontributing to death bu	t not resulting i	n the underly	ing cause given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDING	s	
20	Economit uni	my Truck	Inpel	No.			PERFOR		1 1	AWAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä	Signer din	4 Abre	inu o	vien					1	OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC												
2		OSPITAL:		OTHER:	PLACE OF DEATH (C	heck only o	ne)				$\exists$	
14S	1 VES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpa 28a, DATE OF INJURY	tient 3 DOA	4 Nursing F	ome 5 Aesidence							
	1 Netural 5 Pending	(Month, Day, Year)	INJ	JRY	WORK?	28d, DE	SCRIBE HOW IN	AJURY OCCUI	RED			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, farm, s			28f. LO	CATION (Street a	nt and Number or Rural Route Number,				
COMPLETED	4 Homicide determined	building, atc. (Specif	γ)			City	or Town, State)					
PLE	29a. CERTIFIER (Check only	N: To the best of my knowle	dge, death occurre	d at the time, c	ate and place, and du	e to the ca	use(s) and man	ner as stated.			$\neg$	
MO	one) 2 MEDICAL EXAMINER: C									and manner se stated.	1	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE S	IGNED	(Month, Day, Year)	$\dashv$	
TO B	くておれて				D180	19		<b>&gt;</b> >,	18	وردر		
F	30. NAME AND ADDRESS OF PERSON WHO C										$\neg$	
	VASAWT DATTA			6. 17	HAKERS.	70 N	1~ ^	C	217	40		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	I URE									
11											- 1	



DALLINORE, MARTEAND	burs after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTAI	HYGIEN REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Lest)	ILLIAM		но	LLO	WAY			2. DATE MONTH		190	YEAR	3. TIME OF DEATH A M
	4. SOCIAL SECURITY NUMBER 219-30-2255	5. SEX 1 M 2 F	6. AGE (In yrs. les 64		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	11/	OF BIRTH 1. Day, Wer)		8. BIRTHP Country	LACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give at 3314 Forge H		ad		9b. CITY		Stre		EATH		9c. COUI	Har	ford_
FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland	Harfo	rd	10c. CIT	oc. CITY, TOWN OR LOCATION Str								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
VERAL	10o. STREET AND NUMBER 3314 Forg				10f. ZIP CODE 21154					10g. CITIZEN OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	FORCES? 1	IT EVER IN U.S. AR YES 2 10 P NAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If Yee, specify Cuben, Mexicen, Puerto Rican, etc.)  1  YES 2 NO Specify:					Specify	- American Indian, White, etc. Casian		
BE COMPLETED	Elementary/Secondary (0-12) College (1-4 or 8+)					during mo	ON et of worki	ng	16b	KIND OF BUS	Fari	USTRY	
	17. FATHER'S NAME (First, Middle, Last)  Eugene		oldaway		rme:		18. MOT	HER'S NA	11 _ 411	Aiddle, Meiden	Sumame)		away
TO B	190. INFORMANT'S NAME (Type/Print) Grace Hollow	av	19	b. MAILING			nd Number	-	Route Numi	ber, City or Town	n, State, Zip	Code)	
	20. METHOD OF DISPOSITION 1. Burlet 2 Cremation 3 Reme 4 Donation 6 Other (Specify)		20b. PLACE other pl	ece)	SITION (N	eme of cer	netery, crer	natory r	7/2		cation -		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WAR AND ADDRESS OF FACILITY  Kurtz Funeral Home  Jarrettsville. Maryland												
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition												
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING										AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	FR/Outpatient 3	Прод	OTHE	R:	99		heck only or				
ВУ РНУ							Nursing Home 5  Residence 6  Other (Specify)  28c. INJURY AT WORK?  28d. DEŞCRIBE HOW INJURY OCCURED						
ED	3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 286. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.												
TO BE	29b. SIGNATURE AND TITLE OF CERTUPIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  20d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PERS												

2003 Fire

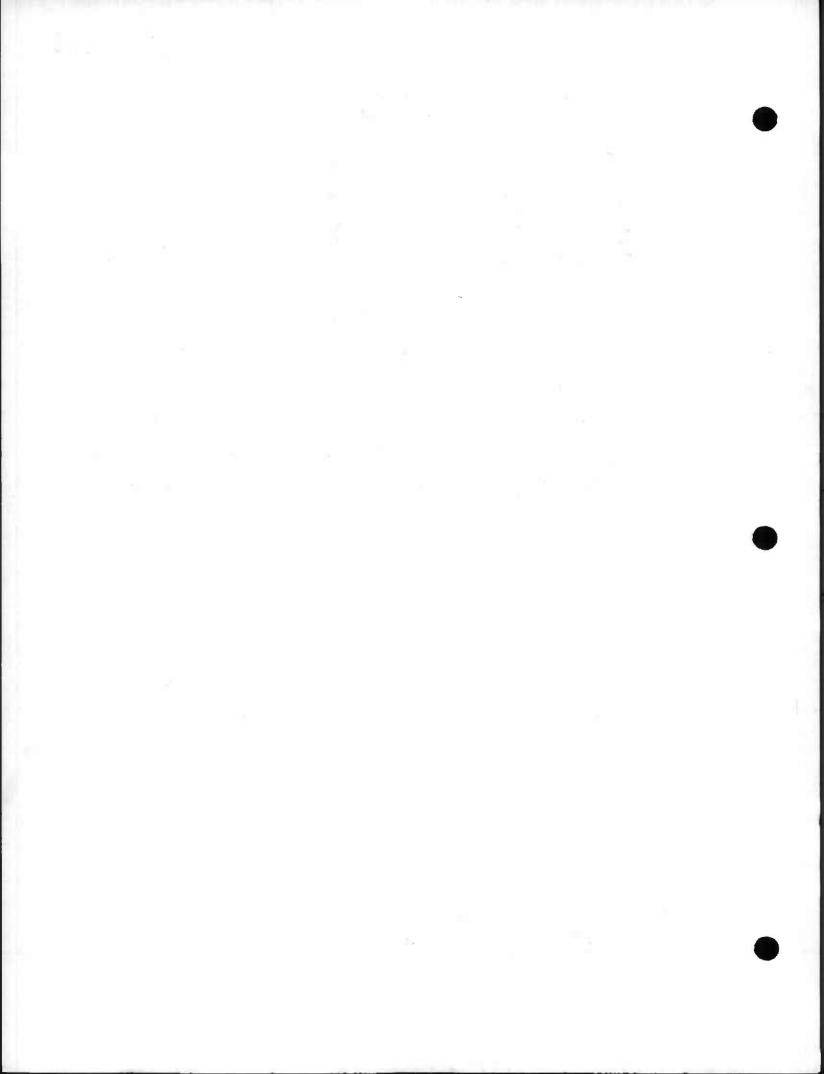
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Reinhard

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death, Page 6 may be retained by the hospital or attending physicia	hours after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal,	ed in by the funeral director, page 5 should be detached for use as the burial-troor removal.
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	·	OIII		CE				DEATH	MEI		EG. NO.				
	1. DECEDENT'S NAME (First, Middle, L	est)									ATE OF E	DEATH			3. TIME OF DEATH	
- 1	MARTHA	HEI	LEN				+A	11		Mo	7	1		YEAR	13:00 A	м
	4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (#	'n yrs. lest	birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF B	нтн		8. BIRTI	IPLACE (State or Foreign	┪
- 3	215-12-6902	1	☐ M 2X F	88	3	YRS.	MONTHS	DAYS	HOURS MIN.	(M	1-2	5-1	906	Count	"MARYLAND	
	9a. FACILITY NAME (If not institution, g	ive street	and number)				9b. CIT	Y, TOWN	OR LOCATION OF DI	EATH			9c. COU	NTY OF D	DEATH	┪
DIRECTOR	PENINSULA REGI		L MEDICA	L C	ENTE	R		SALI	SBURY				W	COMI	CO	
Ĕ l	10e. STATE 10b. CO	JNTY				10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	┪
	MD. V	IICO	OMICO				SAI	ISB	URY						1 YES 2 NO	1
A	10e. STREET AND NUMBER							10	. ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?	┨
FUNERAL	1415 TOADVI	NE	RD.						21801					U.S	. A .	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  5 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S. AI FORCES? 1 YES 2 WIFYES, GIVE WAR OR DATES				2 XN	AED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or or or or or or or or or or or or or						tes or No- 14. RACE — American Indian, Black, White, atc.  Specify: WHITE			1	
	15. DECEDENT'S	EDENT'S EDUCATION y highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION				16b, KIND OF BUSINESS/INDUSTRY						4	
	(Specify only highest g Elementary/Secondary (0-12)	rade com	college (1-4 or 5 +)	$\dashv$	(Ghv	e kind of a	vork done	during mo	st of working		IOU, KIN	D OF BU	3114633/1141	Josini		
립	6		onege (1-4 of 3 T)		S	SITI	ER				H	OSP	ITAI	,		-1
COMPLETED	17. FATNER'S NAME (First, Middle, Last,								18, MOTNER'S NA	AME (Fire	st, Middle	, Maiden	Sumame)			7
BE	WILLIAM B.						ANNI	E	LAU	RIE						
2	190. INFORMANT'S NAME (Types/Print) HOWARD HALI		19b.				DVINE R			,	n, State, Zij BURY	/	. 21801			
	20s. METHOD OF DISPOSITION  TXC Buriel 2 Cremation 3	20e. METHOD OF DISPOSITION 200							ime of	0	ATE	20c. LO	CATION -	City or To	own, State	٦
	4 Donation 5 Other (Specify)				NICC		O M	EM.	PARK		-15	S	ALIS	BUR	Y,MD.	╝
	21. SIGNATURE OF FUNERAL SERVICE	MCENS	SEE/	~			22	. NAME A	O ADORESS OF FA	CILITY						П
	Strall	7.	In	11	H			ВО	UNDS FU	INE	RAL	HO	ME,S	ALI	SBURY, MD.	4
	23. PART I. Enter the diseases, shock, or meant fallu	or com	only one caus	caused	the dea	ith. Do r	ot ente	r tha mo	da of dying, suc	h aa c	ardiac	or reapl	lratory ar	reat,	Approximata Interval Between	
4	IMMEDIATE CAUSE (Final		0 /	0 5.1 00		n	/-		7 /			,	1		Onset and Death	
	disease or condition resulting in death)	a	arter	100				a Cardiovacular De					Jus	LULLE YEARS		
			DUE TO (	OR AS A	CONSEC	UENCE O	F):									
CERTIFICATION	Sequentially list conditions,	b	DUE TO (	OR AS A	CONSEC	UENCE O	F):									4
¥	if any, leading to immediate cause. Enter UNDERLYING														ļ	1
	CAUSE (Disease or injury that initiated events		DUE TO (	OR AS A	CONSEC	UENCE O	F):									1
	resulting in death) LAST	d											_			
_ 11	PART ii. Other aignificent condi	tiona c	ontributing to	leath bu	ut not re	sulting	n the u	nderlyin	ceuse given in	Part i.	. 240	. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS	$\dashv$
S S												PERFOR	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
MED											11	YES 2	NO		OF DEATH?	ı
	DID TOBACCO USI		NTRIBUTE	TO (	CALIS	F OF	DEA	TH Y	ES [] NO						T TES 2 NO	-
Ž	25. WAS CASE REFERRED TO MEDICA	L		10	CAOO				ACE OF DEATH (Ch	- A						1
S	EXAMINER?		OSPITAL:	ER/Outpa	ntient 3	□ DOA	OTHE 4 Nu		e 5 🗆 Residence	8 🗆 0	ther (So	ecify)				1
PHYSICIAN:	27. MANNER OF OEATH		28a. OATE OF I	NJURY ( Year)		28b. TIM	_	28c. IN.		_			NJURY OC	CURED		1
8	1 Matural 5 Pending 2 Accident Investigati	on	(11111111111111111111111111111111111111				M		YES 2 NO							1
COMPLETED	3 Suicide 8 Could not determine		28s. PLACE OF building, a	INJURY tc. (Speci	— At hom	ne, farm,	treet, fa	ctory, offic	•	281. L	OCATION	N (Street i wn, State)	and Numbe	r or Rural I	Route Number,	1
۳	29a. CERTIFIER (Check only	YSICIAI	N: To the best of a	ny knowle	edos des	th occum	ed at the	time date	and place, and due	to the		and ma				┪
OM.															s) and manner as stated.	ı
	296. SIGNATURE AND TITLE OF CERT								29c. LICENSE NUI						(Month, Day, Year)	Н
BE	Paul R.A	le	un 1	10					024	87	72		<b>&gt;</b> 7	1/1	3/94	
2	30. NAME AND ADDRESS OF PERSON	WNO C	OMPLETED CAUS						7	0 /	-			/	7.17	4
	PAUL R FLEU	IRY	£56	OF	RIVE	RSI	de	dr	A204	- 5	SAL	156	UR	N	10/	
	31. OATE FILED (Month, Day, Year)	7	32 REGISTRAF	'S SIGNA	TURE			11.00					1			٦
	JUL14 199	14	fulia da	ulter.	Rard	alle										1

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7/20/94, MRT MONT GOME TY COUNTY STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Amendedon#1,

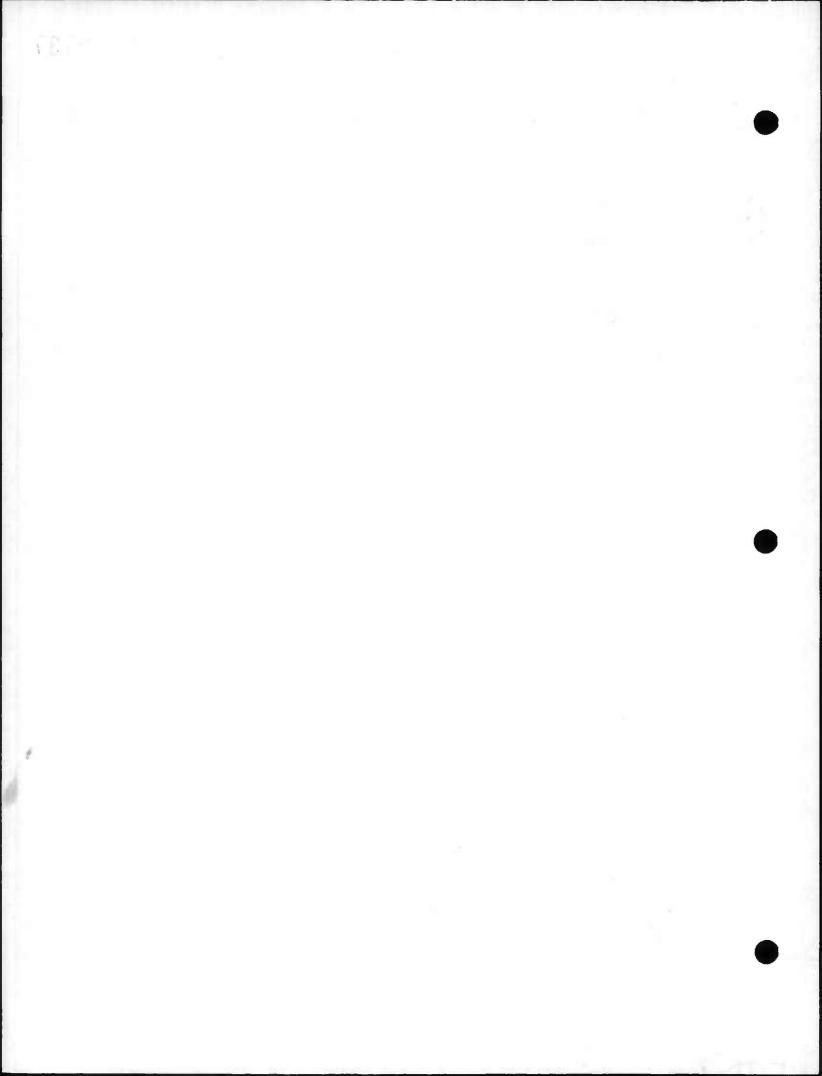
	REGISTRAR		CERTIFIC	ATE OI	F DEATH		REG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last)			inly		2. DATE	OF DEATH		WEAR.	3. TIME OF DE	ATH
- 1	13	RANK /	EINLY			0		0-19	94	5	AM
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE		UNDER 1 YEAR		7. DATE	OF BIRTH			PLACE (State or	Foreign
37	189-09-9802	1 M 2 □ F   77	YRS.	THE DAYS	HOURS MIN.		Dey, Year)	317 1	Country	" sylvan:	in
. 3	9a. FACILITY NAME (If not institution, give stree		96	CITY, TOWN	OR LOCATION OF DE		1791,	9c. COUNT			La
۳ ا	Suburban Hospital			Bethesda				16-			
Ĕ	RESIDENCE OF DECEDENT			Deti	iesua			Moi	itgo	mery	
DIRECTOR	10s. STATE 10s. COUNTY		10c. CITY, TO	WN OR LOC	ATION					10d. INSIDE CIT	TY
	Maryland Montg	omery	Rocl	ville	2					1 YES 2	□ NO
¥	10e. STREET AND NUMBER			.1	101. ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY	,
ᇤᅵ	6801 Breezewood Te	rrace			20852	2			_ 1	USA	
FUNERAL		12. WAS DECEDENT EVER	N U.S. ARMED		ECENDENT OF NISPAN	IC ORIGIN		or No-	14. RACE	- American In.	dlen,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES		specify Cuban, Maxica ES 2 X NO Specify		tican, etc.)		Spec//		
		WW II							W	hite	
	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION Impleted)	18a. DECEDENT'S USU (Give kind of work	done during n		16b.	KIND OF BUS	SINESS/INDU	STRY		
<u>ا</u> ب		College (1-4 or 5+)	life. Do NOT use re	rired.)							
₽ E	12		Manufactu	irers	Represent				rod	ucts	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, A	Aiddle, Maiden	Sumame)	2000		
BE	Charles Valentine	Heinly			Olive C	hloe	Hunte	er			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street	t and Number or Rural I	Route Numb	er, City or Town	n, State, Zip (	Code)		
- 1	Jeanne M Hei	nly	6801 Bre	ezewo	od Terrac	e R	ockvil	lle,Ma	ryla	and 208	352
	20a. METNOD OF DISPOSITION  1X Burlal 2 Cremation 3 Ramovi		b. PLACE AND DATE OF D		Name of	DATE	20c. LO	CATION — C	Ity or Tov	vn, Stata	
	4 Donation 6 Other (Specify)	Pa	rklawn Cen	etery		/20/	94 Roc	kvill	e,Ma	aryland	1
H	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	4 0	Erano	and address of faction is J. Col	CILITY					
	1 Janes	4. Ka	RD								
	23. PART I. Enter the disesses, or cor	mplications that cause	d the desth. Do not	enter the m	niversity	DIV	CL., W.	SIL.S	pr.	Approxi	)901
	shock, or heert fallure. Lis	st only one cause on e	each line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,		intervai	Between
	iMMEDIATE CAUSE (Finei disease or condition	11/11/-	SMALL	CEI	1 /11/1/	7. 0	1001	1000	1		nd Death
ŀ	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF:	CAL	- 10/00	<i>y</i> ()	7 //	00,01	14	0/110	WIHS
,										i	
RTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							<del>-</del>	
٩	cause. Enter UNDERLYING										
	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
	resulting in death) LAST										
3	DADT II Other elections and later										
DICAL	PART ii. Other significent conditions	contributing to deeth i	out not resuiting in the	ne Underiyl	ng cause given in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY AVAILABLE PRIO	R TO
							1   YES 2	NO		COMPLETION OF DEATH?	CAUSE
Σ							•			1   YES 2	NO NO
ÿ I	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF D	EATH	YES NO				1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. HER:	PLACE OF DEATH (Ch	eck only on	0)				
2		☐ Inpatient 2 ☐ ER/Out			ome 5 🗆 Residence	6 🗆 Other	(Specify)				- 6
E	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. II	NJURY AT VORK?	28d. DE\$	CRIBE NOW II	NJURY OCCL	JRED		- 3
<u>a</u>	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
a	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stree	t, lectory, off	lica		ATION (Street a	and Number o	r Rural Ac	oute Number,	
COMPLEIE	4 Homicide determined										
2	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my know	viedge, death occurred at	the time, da	ite and place, and due	to the cau	se(s) and man	ner as stated	d.		
5	(Check only one)  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM	/BER		29d DATE	SIGNED	(Month, Day, Yea	()			
E I	Mulos PM	rego, M	b		D233C				116/		<i>'</i>
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Prin	0)						_	
	VICTOR M. PRIEG	0. MD 11	420 PM	K1/1/-	115 DIVE	Dni	121111	15 L	J A	2000	a II
VICTOR M. PRIEGO, M.D. 11420 ROCKVILLE PIKE, ROCKVILLE, M.D. 2085:										2083	~
Į.	31. DATE FILED (Month, Day, Year)	A 32. REGISTRAR'S SIGN	fandell.								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

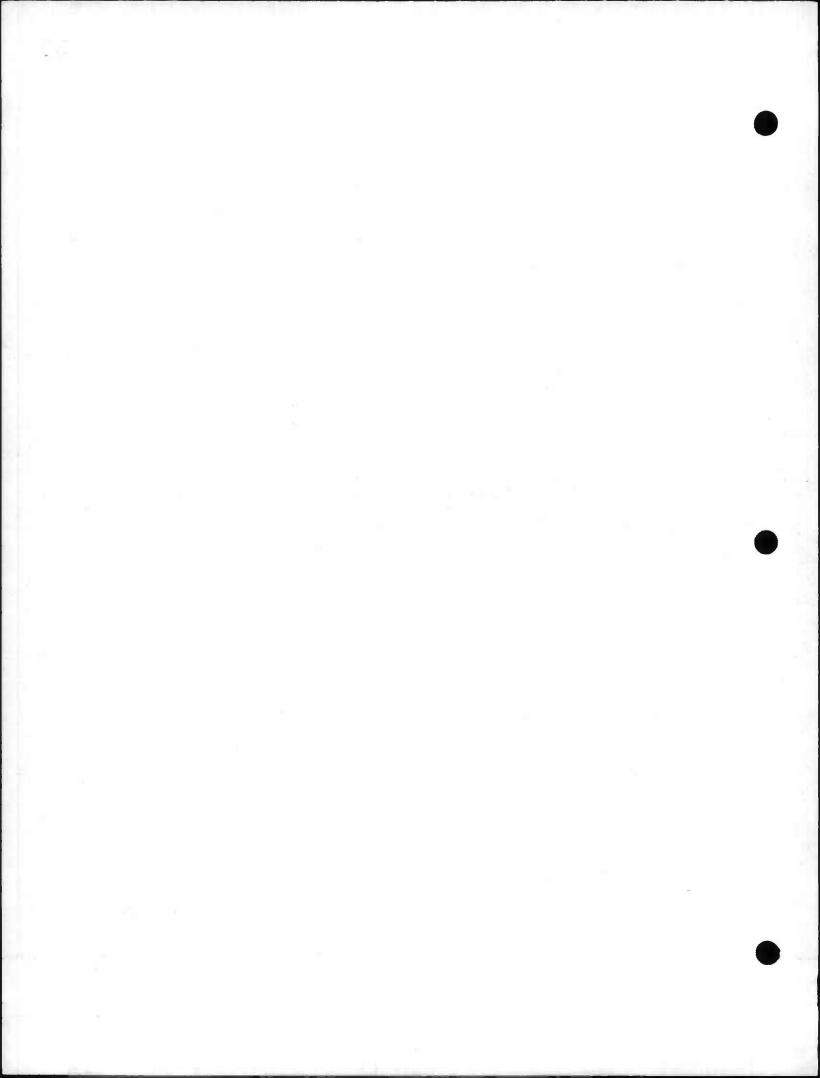
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: Nours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transh, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.
LEND	OR:	fter c
A	ECT	S.
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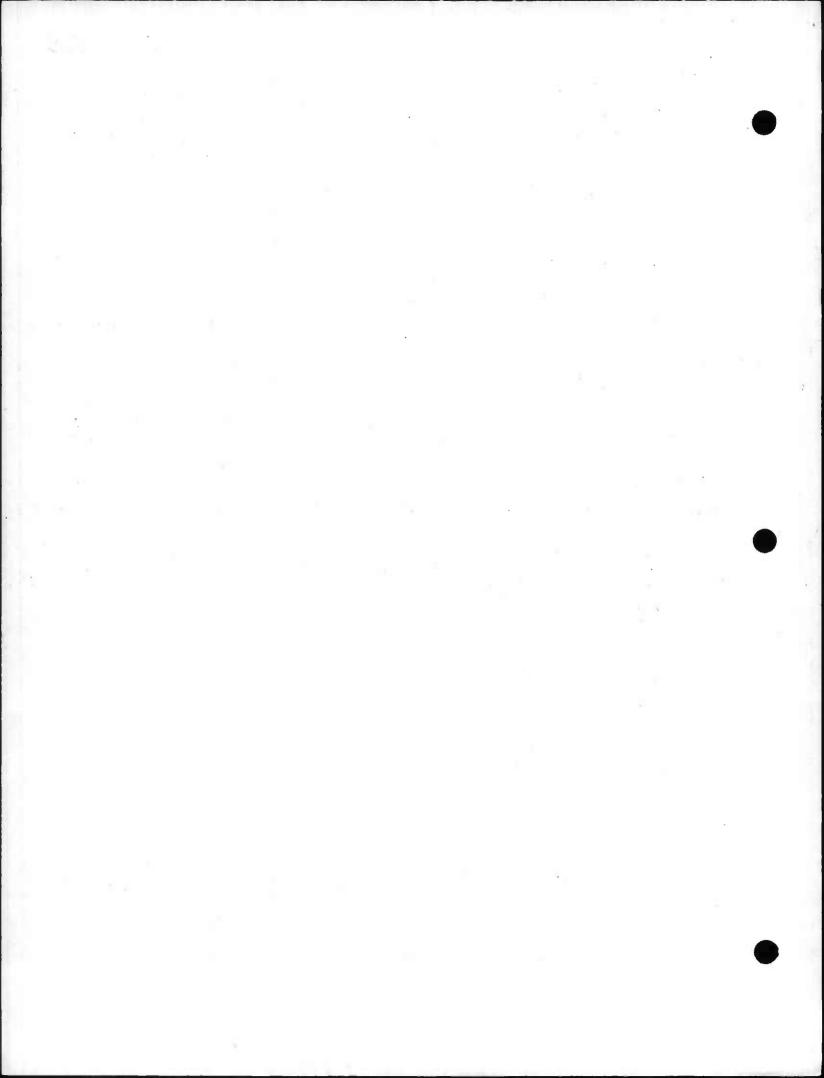
	REGISTRAR			CATE OF		MENTAL HYGIEN REG. NO	-	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	CHRISTOPHER	SCOTT H	IAUSER			JULY 15	199	10:00P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
	216-80-7141		33 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)] December	960 M	rvland
_	9a. FACILITY NAME (If not institution, give so MARYLAND RTE#			9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY	OF DEATH
5		301		BOWIE			PRIM	CE GEORGES
D	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	r	10c. CITY,	TOWN OR LOCAT	TION			10d, INSIDE CITY
DIRECTOR	Maryland Mon	tgomery	Sil	lver Spr	inc			LIMITS?
	10e. STREET AND NUMBER		1 014		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E E	11978 Andrew	Street			2090	12	USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Specify Ye		RACE — American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TES	2 NO Specif	n, Puerto Rican, etc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDUC	CATION	Tata proportion					White
1 11	(Specify only highest grade	completed)	(Give kind of wo	ork done durina mo		16b. KIND OF BU	SINESS/INDUS	TRY
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborer	,		LANDSC	APING	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	
E C	Donald Andrew	Hauser,	Jr.		Mary Ar	n Louise	Gey	
TO BE CON	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tox		de)
	Donald A. Hause	r, Jr.	11978	Andrew	Street,	Silver Sp	ring, N	Maryland 20902
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Rame	oval from Stala	Ob. PLACE AND DATE OF	F DISPOSITION (Na	me of	DATE 20c. LC	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	G	ate of Hea	even Cen	netery 7/	20/94 Sil	ver Spi	ing, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZNSEE C			D ADORESS OF FA	CINS FUNER	AI. HOME	T. TNC
	Junoahur	X) (cum	phell	500 UNI	VERSITY	BLVD., W.	, SIL.	SP., MD 20901
	23. PART I. Enter the diseases, of cahock, or heart failure.	complications that caus	ed the desth. Do no	ot enter tha mo	ds of dying, suc	h as cardiac or resp	iratory srrest	
	IMMEDIATE CAUSE (Final							interval Between Onset and Death
	disease or condition resulting in death)	MULTIP	LE IN	JURIE	35			
		DUE TO (OR AS	A CONSEQUENCE OF)	:				
CERTIFICATION	Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF	•				
ΑŦ	if any, leading to immediata cause. Enter UNDERLYING		,					į
RTIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE DF)	:				
E	resulting in death) LAST							
. MA		d,						
	PART ii. Other aignificant condition	s contributing to death	but not resulting in	the undariying	g cause given in	Part i. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ابا	PART ii. Other aignificant condition	s contributing to death	but not resulting in	the undariying	g cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ابا	PART ii. Other algnificant condition	s contributing to death	but not resulting in	the undariying	g cause given in		RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ابا						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ابا	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	O CAUSE OF	DEATH 28. PL	g cause given in  YES N	PERFO 1 X YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ابا	DID TOBACCO USE		O CAUSE OF	DEATH  28. PL  OTHER:	YES N	PERFO 1 YES  ock only one)	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 TO YES 2 ONO  27. MANNER OF DEATH	CONTRIBUTE TO	CAUSE OF	DEATH  28. PL  OTHER: 4   Nursing Hom  OF   28c. INJ	YES No.	PERFO 1 YES  ock only one)	RMED? 2 NO SCENE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
YSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 NO	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Mgnth, Day, Year) 0 7/15/94	CAUSE OF	DEATH  28. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  RY WO  N 1   1	YES No.  ACE OF DEATH (Ch.  No. 5   Rasidence  URTY AT  PIKY  YES 2   NO.	PERFO 1 XYES  O C C C C C C C C C C C C C C C C C C	RMED? 2 NO SCENE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5 Pending Investigation  2  Accident Investigation  3  Suicide 8 Could not be	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Mgnth, Dey, Year)  28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY	D CAUSE OF	DEATH  28. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  RY WO  N 1   1	YES No.  ACE OF DEATH (Ch.  No. 5   Rasidence  URTY AT  PIKY  YES 2   NO.	PERFO 1 XYES  O C C C C C C C C C C C C C C C C C C	SCENE INJURY OCCUR  24 CLC V and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  S FL XED 6 BJECT Rural Route Number,
BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 TYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Mgnth, Dey, Year)  28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY	CAUSE OF	DEATH  28. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  RY WO  N 1   1	YES No.  ACE OF DEATH (Ch.  No. 5   Rasidence  URTY AT  PIKY  YES 2   NO.	PERFO 1 XYES  O C C C C C C C C C C C C C C C C C C	SCENE INJURY OCCUR  24 CLC V and Number or I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  FIXED OBJECT
PLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 8  Could not be detarmined  29a. CERTIFIER (Check only 1  CERTIFYING PHYSI	CONTRIBUTE TO  HOSPITAL: 1   Inperlient 2   ER/Ou  28a. DATE OF INJURY (Manth. Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.	CAUSE OF  ripetlant 3 DOA  28b. Time INJU 84 7  27 — Al home, farm, strectly)  ROBET	DEATH  28. PL  OTHER: 4   Nursing Hom  OF	YES No.  ACE OF DEATH (Ch.  No. 5   Raeldence  URY AT  NRK?  YES 2   NO.  a  and placa, and due	PERFO 1 XYES  O TO  Seck only one)  8 XOther (Specify)  28d. DESCRIBE HOW PICKUP TY  28f. LOCATION (Street City or Town, State F 50 E 8  To the cause(a) and ma	SCENE INJURY OCCUR  WCL V and Number or I RT 30 1	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO  S FL XED OBJECT  Rural Route Number,  BOW IF MD
PLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural	CONTRIBUTE TO  HOSPITAL:  1   Inpatient 2   ERVOu  28a. DATE OF INJURY (Manth, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.  CIAN: To the best of my known.	CAUSE OF  ripetlant 3 DOA  28b. Time INJU 84 7  27 — Al home, farm, strectly)  ROBET	DEATH  28. PL  OTHER: 4   Nursing Hom  OF	YES N.  ACE OF DEATH (Ch.  No. 1	PERFO 1 XYES  O THE STATE OF THE PERFORMANCE OF THE	SCENE INJURY OCCUR  And Number or I  The stated, and due to the co	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VYES 2 NO  ED  S FI XED 66 JECT Rural Route Number,  BOW IE MD
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  Pending Investigation 3  Suicide 8  Could not be detarmined  29a. CERTIFIER (Check only 1  CERTIFYING PHYSI	CONTRIBUTE TO  HOSPITAL:  1   Inpatient 2   ERVOu  28a. DATE OF INJURY (Manth, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.  CIAN: To the best of my known.	CAUSE OF  ripetlant 3 DOA  28b. Time INJU 84 7  27 — Al home, farm, strectly)  ROBET	DEATH  28. PL  OTHER: 4   Nursing Hom  OF	YES No.  ACE OF DEATH (Ch.  No. 5   Raeldence  URY AT  NRK?  YES 2   NO.  a  and placa, and due	PERFO 1 XYES  O	SCENE INJURY OCCUR  2	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO  ED  S FIXED OBJECT  Rural Route Number,  BOW IE MD
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Natural	CONTRIBUTE TO  HOSPITAL:  1   Inpatient 2   ERVOu  28a. DATE OF INJURY (Manth, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.  CIAN: To the best of my known.	Typetlant 3 DOA  28b. Time INJU 24 7  AY — Al home, farm, streetly)  Wedge, death occurred ton and/or investigation	28. PL  28. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  WO  Nursing Hom  OF 1   Nursing Hom  WO  I at the lime, date In my opinion, d	YES N.  ACE OF DEATH (Ch.  ACE O	PERFO 1 XYES  O TO TOWN, One)  8 XOther (Specify)  28d. DESCRIBE HOW PICLUP TV  28f. LOCATION (Street City or Town, State F 50 E &  io line cause(a) and ma time, data and placa, a  #BER . E	SCENE INJURY OCCUR  OF TO INDURY OCCUR  OF TO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RUPE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  RUPE PRIOR TO CAUSE OF DEATH?  RUPE PRIOR TO CAUSE OF THE PRIOR TO CAUSE OF
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 STYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  27. MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF SERTIFIER  30. NAME AND ADDRESS OF PERSON WHI	CONTRIBUTE TO  HOSPITAL:  1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Mgnth, Dep. Near)  28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY CIAN: To the best of my known of the basis of examinate  R  O COMPLETED CAUSE OF E	CAUSE OF  Appellant 3 DOA  28b. Time 18NJU 28A 7  AV — Al home, farm, streecity  Wiedge, death occurred ton and/or investigation  DEXTH (ITEM 27) (Type, I)  111 Pe	28. PL  28. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  WO  Nursing Hom  OF 1   Nursing Hom  WO  I at the lime, date In my opinion, d	YES N.  ACE OF DEATH (Ch.  ACE O	PERFO 1 XYES  O TO TOWN, One)  8 XOther (Specify)  28d. DESCRIBE HOW PICLUP TV  28f. LOCATION (Street City or Town, State F 50 E &  io line cause(a) and ma time, data and placa, a  #BER . E	SCENE INJURY OCCUR  OF TO INDURY OCCUR  OF TO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  S FI XED 66 JECT  Rural Route Number,  BOW IE MO  BUSE(e) end manner as stated.  GNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5 Pending Investigation 3  Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one)  27. MEDICAL EXAMINE  290. SIGNATURE AND TITLE OF ORTHFIER  30. NAME AND ADDRESS OF PERSON WHI	CONTRIBUTE TO  HOSPITAL:  1   Inpatient 2   ERVOu  28a. DATE OF INJURY (Manth, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp.  CIAN: To the best of my known.	The state of the s	28. PL  28. PL  OTHER: 4   Nursing Hom  OF 28c. INJ  WO  Nursing Hom  OF 1   Nursing Hom  WO  I at the lime, date In my opinion, d	YES N.  ACE OF DEATH (Ch.  ACE O	PERFO 1 XYES  O TO TOWN, One)  8 XOther (Specify)  28d. DESCRIBE HOW PICLUP TV  28f. LOCATION (Street City or Town, State F 50 E &  io line cause(a) and ma time, data and placa, a  #BER . E	SCENE INJURY OCCUR  OF TO INDURY OCCUR  OF TO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RUPE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  RUPE PRIOR TO CAUSE OF DEATH?  RUPE PRIOR TO CAUSE OF THE PRIOR TO CAUSE OF



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF E				3. TIME OF DEAT	H
	Donald	Brian H	arvey						June 2	24.	1994	YEAR	2: 47	P.M
	4. SOCIAL SECURITY NUMBER 215–38–3717	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER 24 H		7. DATE OF B (Month, Day March	HOTH		Countr	IPLACE (State or Fo	reign
	9a. FACILITY NAME (If not institution, give :		- 55	THO.	61 0001					20,1			hington,	,D.C.
DIRECTOR	Suburban Hospita	,		96. CITY, TOWN OR LOCATION OF DEATH Bethesda								nty of D	mery	
EG	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY			
	Maryland Monto	omery		Silver Spring								LIMITS?		
FUNERAL	100. STREET AND NUMBER 10111 McKenney Av	e. Apt. 1		101. ZIP CODE 2090			)2	τ				U.S.A.		
ВУ	11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  18a			ARMED 13. WAS DECENDENT OF HISPAL				lexican,	, Puarto Rican	ecify Yes	E — American India k, Whita, atc. Hy:	arı,		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a.			CEDENT'S	USUAL OC	CUPATIO	ON .		16b. KIN	D OF BUS	BINESS/INC		11.00	
COMPLETED	(Specify only highest grade completed) (C Elementary/Secondary (0-12) College (1-4 or 5+)				e retired.)	uring mo	st of working			Unl	cnown	1		
M			5	urve	AOT	_								
BE CC	17. FATHER'S NAME (First, Middle, Lest) Oswald L. Harvey								ine An					
	19a. INFORMANT'S NAME (Type/Print)		.19b	. MAILING	ADDRESS	(Street a	nd Number or F	Rural Ac	oute Number, C	ity or Tow	n, State, Zip	Code)		
٩	Alan D. Harvey						Dr., ]		msvill	e, l	1D 2	21754		
	20a. METHOD OF DISPOSITION  1	oval from State	20b. PLACE A cemetery, crer	natory or o	ther place)	Geo.	Wash.	•	6/25 1094	Was	cation — shin		nwn, Stata	
	21 OFFINATORE OF FUNERAL SERVICE LI	CENTREE	1	/	22. N CO	lun	nbia N	MOI	tuar	y Se	ervi	ces	, Inc.	1
-	Muran	Inc	em										.DC 2001	
	23. PART 1. Enter the diseases, or shock, or heert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sex	on each line.	Sho	ck					or reapi	ratory en	reat,	Approximation Interval Books and Approximation Interval Books and Inte	etween
NOI	sequentially list conditions,  o.  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):										248			
ICAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C												
CERTIFICATION	that initiated eventa resulting in death) LAST	d	AS A CONSEC	UENCE O	F):									
	PART il. Other aignificent condition	e contributing to de	ath but not re	esuitina	in the unc	derlying	Cellse give	o io P	Part I 24a	WAS AN	ALITODEV	245	. WERE AUTOPSY FI	NDINGS
MEDICAL		resulting in the underlying couse given in Pa					Part I. 24e. WAS AN AUTOPSY PERFORMED?				AVAILABLE PRIOR COMPLETION OF	TO		
Z														
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHER	:	ACE OF DEATI							
₹	27. MANNER OF DEATH	1 Inpetient 2 EF					e 5 🗆 Raside							
흐	1 Natural 6 Pending	(Month, Day,	(bar)	26b. TIM INJ	URY	28c. INJ WO 1 \square	RK?	- 1	28d. DESCRIE	BE HOW I	NJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28s, PLACE OF IN building, etc.	IJURY — At hor (Specify)	ne, farm, s	straet, facto	ry, offic		-	28f. LOCATION	N (Street a wn, State)	and Number	or Rural F	Route Number,	
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, des	nth occurr	ed at the tin	ne, data	and place, and	d dua te	o the cause(a	and mar	iner as ste	ted.		
S S	070) 2 MEDICAL EXAMINE	R: On the beals of exam	Ination and/or I	nvestigatio	n, in my op	dinion, d	eath occured a	it the ti	lme, data and	place, an	d dua to th	ne cause(s	i) and manner as s	tated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, I												
ဝ	30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	Bruce A. Silver, M.D. 2101 Medical Park Dr. Silver Spring, MD 20902													
	JUL 1 2 1994	Sama Davids	SIGNATURE -	02						×				



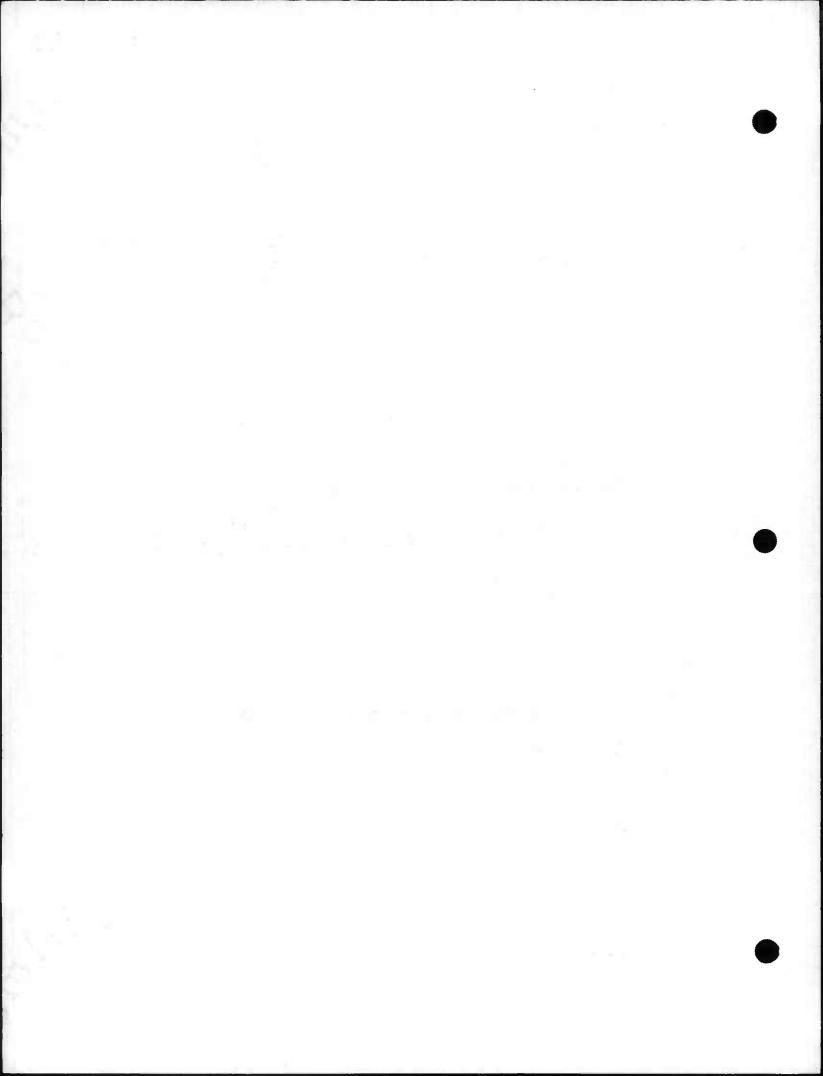
DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician	after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	y the funeral director, page 5 should be detached for use as the burial-trongel.
IMPORTANT; if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

20

	FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	HELENA MAE HOTCH				,				07	20	94	4:40 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	,,,	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign	
	217 30 1255	1   M 2   F		YRS.					2/19/1	3	Mc	1.	
<b> </b> ~	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ION OF DEA	ATH	9c. COU	INTY OF D	DEATH	
0	SACRED HEART HOS	PITAL			C	UMBI	ERLAN	ID		AI	LEGA	NY	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION								10d, INSIDE CITY	
H	Maryland All	legany		Mt. Savage, Maryla					and 1 💢 YES 2				
₽ I	10e. STREET AND NUMBER	0,40.11		Mt. Savage, Mary I				una	WHAT COUNTRY?				
FUNERAL	P. O. Box 472	Ponderos	a Lane)		21545					US	SA		
3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED 13. WAS DECENDENT OF HISPANIC					C ORIGIN? (Specify		14. BAC	E — American Indian,	
BY F	1 Never Married 2 Married	IF YES, GIVE V	YES 2 2	P NO It yes, specify Cuban, Mexican					, Puerto Rican, etc.)		Spec	k, white, arc. """ White	
	3 [A] Wildowed 4   Divorced											WILLCE	
ם	(Specify only highest grade completed) (Gi				Work done	CCUPATE during mo	ON ost of worki	ing	16b. KIND OF	BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) "	lo. Do NOT u		hio			Dan	١.			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)			неас	d Cas	niei	v-		Ban				
									NE (First, Middle, Maid	en Sumame)			
B	John F. Diehl  198, INFORMANT'S NAME (Type/Print)			Ob. MAII INC	ADDRES	C /Ctmat			Michaels	On W	- 0-4-1		
일	James Hotchkis									25124		21545	
			20h BLACI	TAND DATE				RUd	d, Mt. S	LOCATION -			
	20a. METHOD OF DISPOSITION  1  Burlat 2  Cremation 3  Rem 4  Donation 5  Other (Specify)	oval from State	cemetery, c					rv.					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /		Hetii	_			SS OF FAC	7/23 M	t. Ja	vaye	, Mu.	
	b A.A. A	1/4											
	X mins	Jons			Du	urst	Fun	eral	Home, Fr	ostbu	rg, I	Md.	
	23. PART . Entar tha diseases, or c shock, or heart failure.	complications the List only one cau	it caused the duse on asch ilr	leath. Do i la.	not enter	the mo	de of dy	ing, such	ss cardiac or re	spiratory ar	rest,	Approximate Interval Between	
1 4	IMMEDIATE CAUSE (Final disease or condition	( A	001.2	0 1 . 1		<u>۸.                                    </u>	1.0	NIO		20		Onset and Death	
1 1	resulting in death)	. UX	1240	) MA	- 1	4	JCH	SAR	WIM	615		7 mos.	
		DUE 10	(OR AS A CONS	EOUENCE O	IF):				,				
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONS	EQUENCE O	F):								
AT	If any, lasding to immediata cause. Entar UNDERLYING				. ,							İ	
[발]	CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CONS	EQUENCE O	F):								
E	resulting in death) LAST	d.											
2	DART II. Other elevidient on dition												
	PART II. Other significant condition	s contributing to	daath but not	resulting	in the ur	ndariyin	g cause	given in F	Part 1. 24s. WAS PERF	ORMED?	246	AVAILABLE PRIOR TO	
MEDICA									1 [] YES	2 NO	- 1	OF DEATH?	
									τ.			1 TES 2 NO	
PHYSICIAN:	_DID_TOBACCO_USE_C	ONTRIBUTE	TO CAU	SE OF	DEAT			NO					
CL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	DEATH (Che	ck only one)				
17S	1 YES 2 X NO 27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF	ER/Outpatient	_				ealdence (	B Other (Specify)				
	Natural 5 Pending	(Month, C		28b. TIR IN	JURY	WC	JURY AT	7.00	28d. DESCRIBE HO	W INJURY OC	CURED		
B	2 Accident Investigation	28a PLACE C	OF INJURY — At I	ome form			YES 2		201 I OCATION (OL		0 /	0-0-11-1-1	
9	3 Suicide 6 Could not be 4 Homicide datermined	building,	atc. (Specify)	Politic, Tettiti,	serage, tace	iory, orne			281. LOCATION (Stre City or Town, Str	er and Numbe ite)	r or Hurari	House Number,	
	29a. CERTIFIER												
COMPL									to the cause(a) and r			e) and menner as stated.	
8			Asimination and/o	mvosagati	on, m my c	pinion, c							
띪	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Marrith, Day, Year)												
2	30. NAME AND ADDRESS OF PERSON WHO COMPLITED CAUSE OF DEATH (ITEM 27) (FIG. 1969)												
1	ANGER H. ROOLE MY 48 Tarn Torrace Frost Bung Wy												
	31. DATE FILED (Month, Day, Year)	32. BEGISTO	AR'S SIGNATURE		TEY	100	140	101	iace	1031	BUV	y my	
ı II		NLOISTN	o oronnione									-	

Aprilian Randall

21532



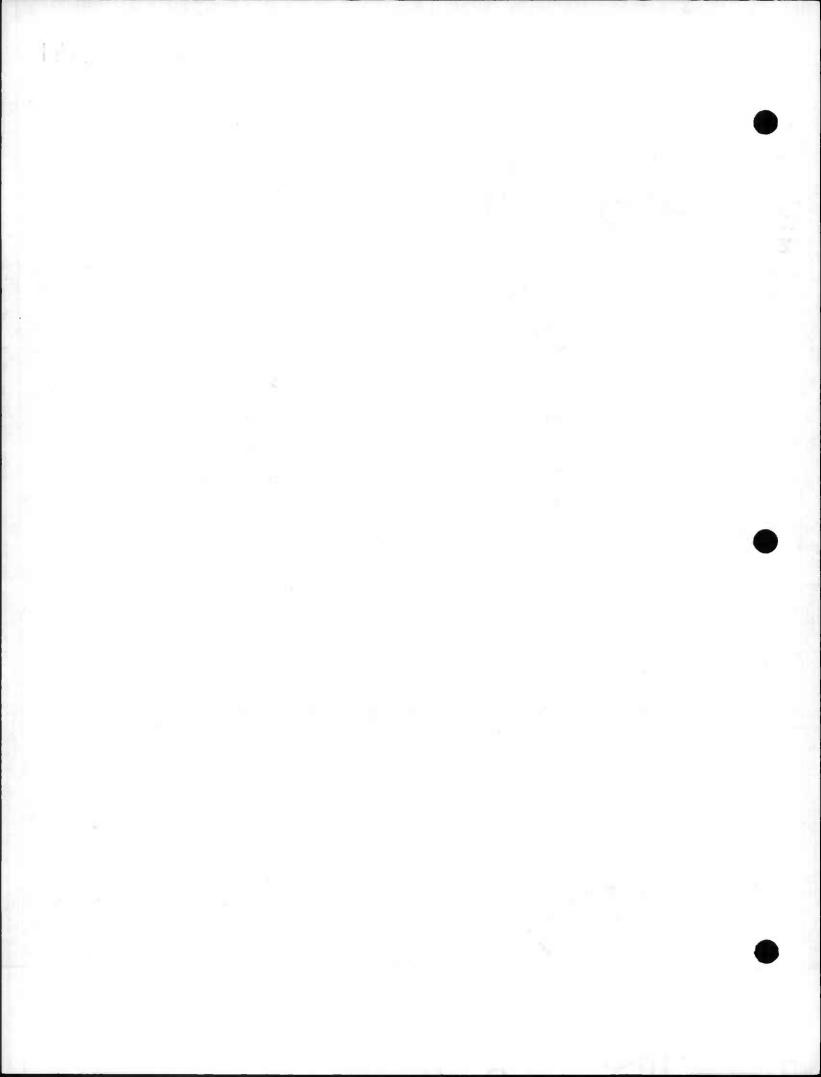
**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760

4	FOR STATE REGISTRA
1	1. DECEDENT'S
١	ROSEL.

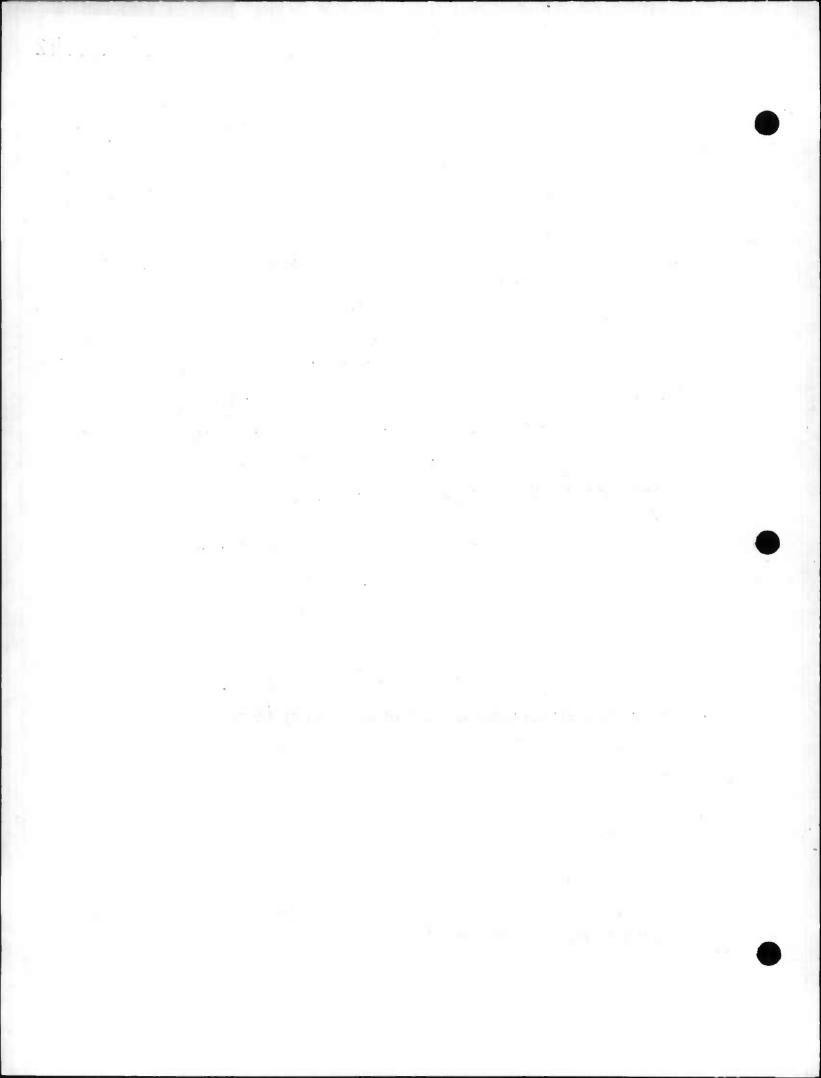
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	F DEATH	F	REG. NO.			
- 1/	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF			343	3. TIME OF DEATH
1/2	ROSELLA	GLADYS		HYD	E	JULY	2	ľ, 19	YEAR Q4	05:52 A M
	4. SOCIAL SECURITY NUMBER 5	. SEX 8. AGE (	In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	NATH	1		M 400 00
8	211 07 3701	□ M 2 🔀 F		ONTHS DAYS		arch	22,19	16	Md Gountry	1)
_	9a. FACILITY NAME (If not institution, give stree		9		OR LOCATION OF DE	EATH			NTY OF OE	
PDT.	SACRED HEART HOSP	ITAL		CUMBE	RLAND				ALLE	GANY
DIRECTOR	Md Allegan	у		CONINE		-		• • •		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6 Buck Hill				21539			10g. CITI	ZEN OF W USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify	n, Puerto Rica		or No—	14. RACE Black,	American Indian, White, atc.
요ㅣ	15. DECEOENT'S EDUCAT	ION	16a. DECEDENT'S US			16b, KIN	ID OF BUS	INESS/IND	USTRY	
ᆸ	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during : etired.)	most of working					
COMPLETED	12	0	Aide			Nu	ırsir	ig Ho	me	
	17. FATHER'S NAME (First, Middle, Last) Peter S. Smith				Agnes	ME (First, Midd Wej	le, Maiden . L'	Sumame)		
H H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	t and Number or Rural I	Route Number, (	City or Town	, State, Zip	Code)	
입	Linda G. O'Haver		6 Buck	Hill.	Lonaconi	ng Md	2153	19		
	20a. METHOD OF DISPOSITION  1X Buriel 2 Cremation 3 Remove	20b	PLACE AND DATE OF	DISPOSITION		DATE		CATION —	City or Tov	vn, State
	4 Donation 5 Other (Specify)	Ph	ilos Ceme	tery	7-23	3-94	West	erap	ort.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME	AND ADDRESS OF FA	CILITY				
	Da Muka				orn-McKer coning,Md.		mera	IT HO	me	
	23. PART i/Enter the diseases, or con	nplications that ceuser	the deeth. Do not	enter the r	node of dying, auc	h aa cerdiec	or reaple	ratory arr	eat.	Approximate
	shock, or heart faffure. Lis	t only one cause on e	ach line.					,	,	interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	6	Live 1	land.	For loss					Man ac
	resulting in death) a	CON 90.	CONSEQUENCE OF	(4//	190190					pegys
_			Steresis							Yeses
<u></u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):							1,000
7	cause. Enter UNDERLYING									[
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART II. Other aignificant conditions of	contributing to death h	ut not resulting in	the underly	ing cause given in	Part I 24	. WAS AN	ALITODOV	245	WERE AUTOPSY FINDINGS
S	Recent acute go				ing cause given in		PERFOR		1 ****	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ᅙᅵ	Diglete mellitu	ATTO TATETAL	a pace	,,,,			YES 2	ΣKNO		OF DEATH?
ME										1 YES 2 NO
CIAN	DID TOBACCO USE CC	INTRIBUTE TO	CAUSE OF I							
<u></u>	EXAMINER?	OSPITAL:		THER:	PLACE OF DEATH (Ch			-		
PHYSI	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME (		ome 5 Residence	8 Other (Sp				
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	IY I	VORK?	200. DESCHI	BE NOW I	NJURY UCI	LUHED	
B	2 Accident Investigation 3 Suicide 8 Could get be	26a. PLACE OF INJURY	- At home form stre			28f, LOCATIO	M /Comet e	and Mirahan	ar Ount O	nuth Alumbas
	4 Homicide 8 Could not be determined	building, atc. (Spec	city)	ret, factory, or			wn, State)	na nymber	or norar ne	oute Number,
ן ע	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	ledge, death occurred	at the time d	te and place, and due	to the council	a) and man	nos no elet	ad	
OMPL	(Check only one) 2 MEDICAL EXAMINER:									and manner as stated.
႘	296. SIGNATURE AND TITLE OF CERTIFIER	167			29c. LICENSE NUR		1			(Month, Day, Year)
B	/ / Vrang-11	Yo 0:	~ 48		121	188		DATE OF	7-21	-94
일	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. P.	rint)	1100				- /	
	Thomas T. De	edi MA.	, 20 A	nglas	Avena	e, Lo	190	enin	9,4	w.21539
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE P. 11			<del></del>				



1	FOR - STATE - REGISTRAR	ST	ATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ŀ	1. DECEDENT'S NAME (First, Mid	idle, Last)		2. DATE OF DEATN
	WALTER	J.	HORWATH	MONTH DAY

	1. DECEDENT'S NAME (First,	, Middle, Last)		·						2. DATE OF DEATN	_		3. TIME OF DEATN
l)	WALTER	i i	J.	HOR	WATH					July 22	1994	YEAR	4:24 PM
1	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH		8, BIRTH	PLACE (State or Foreign
	215-38-9363	3	1 <b>∑∑M</b> 2 □ F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Novi 14	1917	Countr	)H
	9e. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH TALE		UNTY OF D	
DIRECTOR	Memorial Ho	ospital	L			Cu	mber	land			Al	lega	ny
Ä	10e. STATE	tob. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION 10d.							10d. INSIDE CITY LIMITS?
	MD	Alle	gany		Cun	Cumberland							1X YES 2 □ NO
A	10e. STREET AND NUMBER						10	t. ZIP COD	-		t0g. Cl	TIZEN OF W	THAT COUNTRY?
剪	5 Utah Ave	enue						21	502		USA	A	
FUNERAL	11. MARITAL STATUS  1 Never Merried 2	Married	FORCES? 1	T EVER IN U.S. AR						IC ORIGIN? (Specify a, Puerto Rican, etc.)	Yee or No	t4. RACE Black	- American Indian, White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES			t   YES	2X NO	Specify			Speci	
									ıte				
	(Specify only Elementary/Secondary (0		College (1-4 or 5	- Ide	Do NOT us	work done se retired.)	during mo	ost of working	ng				A I
12 master sargent Army													
Ö	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)  19. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use relied.)												
BE (	Frank Horwath Mary Mudra												
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip									(ip Code)				
	Rita		<i>AcCaski</i>	11	12	4 To	n's	Cree	k Co	urt Honk	inc	SC	29061
	20a. METNÓD OF DISPOSITI TO Burlel 2 Cremation 4 Donetion 5 Other	iON on 3 □ Rema	wal from State	20b. PLACE A cemetary, cre			ITION/N	ame of		DATE 20c.	LOCATION -	- City or To	wn, State
	☐ Donetion 5 ☐ Other  21. SIGNATURE OF FUNERA			Davis	Mom	orial	Ce	mete	ry	7/25/1 0	umber	land	MD
		7	MAA	2//						uneral 1	Tome		
	June.	1	y cen	pu		C	ımb	erla	nd	Marula	nd 2	21502	2
	23. PART I. Enter the di shock, or h	iseasea, or co	omplications the	t coused the de	eth. Do r	not enter	the mo	de of dy	ing, auch	aa cerdlac or re	apiratory a	rreat,	Approximata interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death)  e												
			DUE TO	(OR AS A CONSEC	DUENCE O	F):	0/1	-1					
NO	Sequentielly list conditi		DUE TO	(OR AS A DONSEC	DUENOE O	/ / / /	IVA	B					
Ä	If any, leading to immed cause. Enter UNDERLY!	NG		KNN	66	7 60	_	611	Mor	M G			i i
CERTIFICATION	CAUSE (Disease or Inju that initiated events	iry s	DUE TO	(OR AS A CONSEC	DUENCE O	F):	-	uje	7171	1100			
F	reaulting in death) LAS	Т	l										
	PART II. Other significe	nt conditions	a contribution to	dooth but not a		In the con-	A -1 1-	25.75					
MEDICAL	//	77	1 hls	death but not r	Coulting	El Te	weriyin		m h	PERF	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
G		MY Y		eriy,	) V	L. Co	100	7(	11/1	7 Hm 1 - YES	2 70		OF DEATH?
<	DID TOBACC	O IISE (	CONTRIBUT	E TO CALL	CE OI	DEA	TI. 1	/FC /					1 TES 2 NO
AN	25. WAS CASE REFERRED TO		CONTRIBUT	E IO CAU	SE OF	DEA	-			ick only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4   Nur	₹:	-		8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATN		28e. DATE OF	INJURY	28b. TIM	E OF	28c. IN.	URY AT	I	28d. DESCRIBE HO	W INJURY O	CCURED	
ВУР		Pending Investigation	(Month, E	ray, rear)	.196.	IURY M		YES 2	□ NO				
	3 Suicide 8	Could not be	28e. PLACE C	F INJURY — At ho	me, ferm,	street, fect	ory, offic	:0		281. LOCATION (Stre City or Town, Str		er or Rural R	loute Number,
H	4 Homicide	datermined								Ony or lown, on	ne)		
PE	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occurr	ed at the t	lme, date	end place	, end due	to the cause(e) end i	nenner ea st	eted.	
COMPLETED	and the second												) end menner as stated.
	29b. SIGNATURE AND TITLE	OF DERTIFIER						29c. LICI	ENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
BE C		1500						D :	19318	3	•	7/9	14/94
임	30. NAME AND ADDRESS OF	//							-			1	1//
	Dr. N. Ranj		517 010	town Ro	ad,	Cumbe	erla	nd, 1	MD 2	21502		/	
	31. DATE 1140 (121150m)	994 4	1.320 toleta	HIS FLOWER PARTY IN									



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO			
. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	AY	YEAR	3. TIME OF DEATH
	h S. Hamme					Ju	ly 22,	199	4	8:00 p
. SOCIAL SECURITY NUMBER 215-32-0208	5. SEX 1   M 2   XF	AGE (In yrs. lest		F UNDER 1 YEAR DHYHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year)	904	Country	PLACE (State or Foreign
Cherrywood Mano		Center	9		erstown			9c. COU	NTY OF DE	EATN
e. STATE 100. COUNTY Md. Bal	timore			rown on Local Reister						10d. INSIDE CITY LIMITS?
e. STREET AND NUMBER					. ZIP CODE					1 YES 2 NO
1 Caraway	Rd. Apt.		1ED	13. WAS DEC	2113 ENDENT OF HISPA		N? (Specify Yes		S.A.	- American Indian
☐ Never Married 2 ☐ Married  Widowed 4 ☐ Divorced	FORCES? 1 [ IF YES, GIVE WAI		D	If yes, sp	ecify Cuban, Mexica 2 MO Specif	n, Puerto			Black Specif	, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Giv	EDENT'S US to kind of wor Do NOT use in	BUAL OCCUPATION of done during months.)	ON est of working	164	Pri	.,		idence
FATHER'S NAME (First, Middle, Last)	Charles	Jones	5		18. MOTHER'S NA	ME (First,		Surname)		
Alverta Jones					nd Number or Aural					
. METHOD OF DISPOSITION	oval from State	_	ND DATE OF	DISPOSITION	·	DAT	-	CATION —	_	wn, State
B. PART I. Enter the diseases, or of shock, or heart failure.  IMEDIATE CAUSE (Finel sease or condition suiting in death)	e. Chreb	on each line.								Approximate interval Betwee Onset and De 2 MG
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	OUE TO (0	R AS A CONSEQUE	UENCE OF):							
nat initiated events suiting in death) LAST	d	n AS A CONSEG	OENCE OF).				7-54			
ART II. Other algorificent condition	e contributing to d	eeth but not re	aulting in	the underlyin	g cause given in	Pert I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Phone				**	an della					
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10		ACE OF DEATH (C	neck only o	ne)			
1 TES 2 NO	1   Inpatient 2   I		DOA 4		ne 5 🗆 Residence	6 🗆 Oth	er (Specify)			
MANNER OF DEATH    Natural 5   Pending Investigation	28a. DATE OF IN (Month, Day,		285. TIME (	Y WO	PURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At hon c. (Specify)	ne, farm, stre	et, factory, offic	•		CATION (Street or Town, Stete)		r or Rumil A	oute Number,
CERTIFIER (Check only one) 2 MEDICAL EXAMINE										
	- Committee of the Control of the Co						and places of		(3)	and manner se statut
sugnature and title of certifier	100				29c. LICENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
B. SIGNATURE AND TITLE OF CERTIFIER	lle	OF DEATN (ITEM	27) (Type, Pr	rint)	12712			29d. DAT	E SIGNED	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

are Equal to a community and the control of th The American State of the Control of of the second of

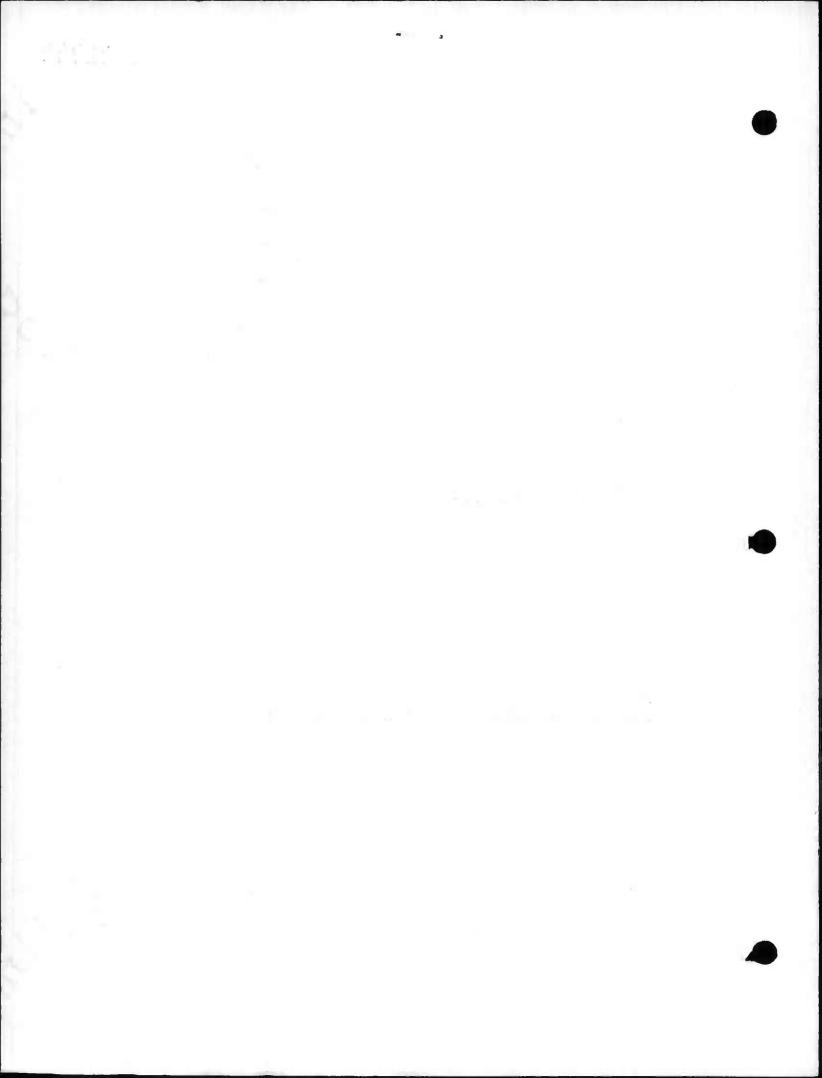
1	-	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SINIE UF I		CERTIF			DEATH		REG. NO.	Ŀ		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF DEATH
	ELMER JUNE HOPKI	NS						July	23	199	YEAR	12:52 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER t		IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
	235-26-5559	1XXM 2 □ F	75	YRS.	MONTHS	DAYS	HOURS MIN.	01-14	-191	9	West	"Virginia
OR	9a. FACILITY NAME (If not institution, give a SOUTHERN MARYLAND		L		9b. CITY, T		LOCATION OF D	EATH			NTY OF DE	EATH GEORGE'S
5	RESIDENCE OF DECEDENT											
DIRECTOR	West Va. Monro				v, town or ldside		ON					10d. INSIDE CITY LIMITS? 1 YES 2XX NO
AL	10a. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	ZEN OF W	/HAT COUNTRY?
造	Rt 1 PO Box 74						24951				US	SA
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Divorced		1A YES 2 NO If yes, s				DECENDENT OF HISPANIC ORIGIN? (Specify Yes of specify Cuben, Mexican, Puerto Ricer, etc.) (ES A NO Specify:					
G	15, DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S	USUAL OCC	UPATION	ed consider	16b. KI	IND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	work done dui se retired.)	nng most	or working					
MP	8			Labo	rer				Text:	ile		
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Mide	die, Meiden	Surname)		
BE	Frank Hopkins						Lelia					
2	19a. INFORMANT'S NAME (Type/Print)						d Number or Rurel					
_	Reda H. Broadnax			4603	Pisga	h C	ourt Cl	inton,	Mary	lanc	207	35
	20a. METHOD OF DISPOSITION 2 Burlel 2 Cremation 3 Rem	oval from State	20b. PLA	CE AND DATE	OF DISPOSITI	ION (Nerr		DATE		CATION —		
	4 Donation Other (Specify)	YENGEE	_   D	crematory or o	_				lest Va.			
	21. SIGNATURE OF FUNCAL SERVICE LICENSEE  MO0173  22. NAME AND ADDRESS OF FACILITY  Broyles Funeral Home Box 192 Pe  West Virginia 24963								eterstown,			
	23. PARCE I. Enter the diseases, or o	complications the	t caused the	death. Do i	not anter th	na mod	a of dying, suc	h es cerdia	c or respi	ratory en	rest,	Approximate
i i	ahock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cel	se on each i	ine.								Interval Between Onset and Desth
1	disease or condition resulting in daeth)	a. ADULT	RESP	TRATO	RV D	TST	RESS S	VNDRC	ME			DAYS.
	Transiting in ductify	(OR AS A CON			-11-	TODD D	TIADIA	/ L - L - L - B			DAID.	
NOI	Sequentially list conditions, if any, leading to immediate											DAYS.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	- SEPTI	CEMIA (OR AS A CON									DAYS
Ë	that initiated eventa resulting in death) LAST				•		A	5 -05 -				
CEF			YPERTENSIVE CARDIOVASCULAR						ASE.			YE ARS.
	PART II. Other eignificent condition	s contributing to	death but no	ot resulting	In the unde	erlying	cause given in	Part I. 24	4a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	CARD IOMEGALY	RENAL	INSU	FFICI	ENCY	,		1	YES 2			COMPLETION OF CAUSE OF DEATH?
WE	H.X. OF UPPE	R G.I.	BLEED	ING								1 TYES 2 NO
	DID TOBACCO USE	CONTRIBUT	E TO CA	AUSE OI	DEATI	H Y	ES NO	) [모				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLA	CE OF DEATH (Ch	eck only one)				
XSI	1 TES 2 TO NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER: 4   Nursin	g Home	5 Residence	6 🗆 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF (Month, L		26b. TIM	E OF 2	8c. INJU WOR		28d. DEŞCR	RIBE HOW II	NJURY OC	CURED	
BY	1 V Natural 5 Pending 2 Accident Investigation				M	1   YE	S 2 NO					
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE ( building,	of INJURY — At etc. (Specify)	t home, term,	street, factory	y, office		26f. LOCATI City or	ON (Street a Town, State)	ind Number	or Rural A	loute Number,
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge	, death occurr	ed at the time	e, date e	nd place, and due	to the cause	(a) end man	ner ea sta	led.	
<u> </u>	one) 2 MEDICAL EXAMINE											) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUI					(Month, Day, Year)
BE	Orte ) as	Dea	24			- 1						23 1994
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (	ITEM 27) (Type	, Print)		D1288	-1		U	Y LL Y	23 1994
	PETER W.YIM M.I					Ξ.	SUITE	101,	CLIN	NOT	, MAF	RYLAND 207
1	31. DATE FILED (Month, Day, Year)	32. BEGISTR	Audior					-			•	
	JUL 2 5 1994	1 Jahra d	ductor	randall								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



1 - STATE REGISTRAR		SIMIL OF I	MANTEANI	CERTIF	ICATE O	F DEA		MENIA	REG. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)				TOTAL C		11.		E OF DEATH			3. TIME OF DEATH
	Mi	chael		Нc	oiland			0.7		199	YEAR	4:20 P M
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE	E OF BIRTH4/1	-	8. BIRTH	PLACE (State or Foreign
349-09-423	11	1√2 M 2 □ F	93	YRS.	MONTHS DAYS	HOURS	MIN.	(Mor	th, Day, Year)		NO	rway
9a. FACILITY NAME (If not in		street and number)			9b. CITY, TOW	N OR LOCATI	ON OF D	EATH	20		NTY OF DI	
Montgome		eneral	Hospi	.tal	Oln	ey				Mo	ontg	omery
10a. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN OR LOC	CATION						10d. INSIDE CITY
MD	Мо	ntgomer	· W	F	rookf.	iold	Brook	kv111	• Brookev	ille		LIMITS?
104. STREET AND NUMBER	-	11040111	7			10f. ZIP COD					IZEN OF W	WHAT COUNTRY?
18800 Al	pengl	7					0833				U.	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2	NO	Il yea,	ecendent of specify Cubs	in, Mexica	n, Puerto	IN? (Specify Yea Rican, etc.)	or No-		American Indian, White, atc. hite
15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a	(Give kind of t	USUAL OCCUPA	TION most of worki	na	16	b. KIND OF BUS	INESS/INE	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5		IHe. Do NOT us	se retired.)				and			
		4yra	.   S	tain	Glass	Arti	ist	J	.N.R.	Lan	ab S	tudios
17. FATHER'S NAME (First, Mi						18. MOT	HER'S NA	ME (First,	Middle, Maiden S	Surname)	12.7	
	~ .	Hoilan	ıd					ria				
19a. INFORMANT'S NAME (7) Arthur	,,,	and		196. MAILING	ADDRESS (Street	nalov	r or Rural	Route Nur	Proof	State Zie	rpoke	MD 20833
20a. METHOD OF DISPOSITI	ION		20b. PLA	CEANDDATE	OF DISPOSITION	_			TE 20c. LOC			
1 Burlai 2 Cremailo		ovel from State	cemetery	cremetory or o	ther place)		Scho	1				h. DC
21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	-/		22. NAME	AND ADDRE	SS OF FA	CILITY				
7	Austin Royster Funeral Home											
OO DADT I Enterdise di	23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
abock, or he	eart fellure.	Complications the List only one cau	it caused the	Ine.	not enter the n	node of dy	ing, suc	h aa ca	rdiac or reapir	ratory an	reat,	Approximata interval Between
iMMEDIATE CAUSE (Fin	iei	6.	Α.		Λ							Onset and Death
resulting in death)	<b>→</b>	e. CA	resu	5 m	as cule	عد	Ar	· cei	dert			36 hrs
	_	A	(OH AS A CUI	<a .<="" td=""><td>rscula F): shu</td><td>0</td><td>1</td><td>A</td><td></td><td></td><td></td><td></td></a>	rscula F): shu	0	1	A				
Sequentially list conditi		b. / DUE TO	OR AS A COL	NSEOUENCE O	suc.	we	wh	~	reas			
if any, leading to immed cause. Enter UNDERLY	ING		(4									
CAUSE (Disease or inju	ry	C. DUE TO	(OR AS A COP	NSEQUENCE O	F):							-
resulting in death) LAS	T .	4										
		u										
PART II. Other significa	nt condition	s contributing to	death but n	ot resulting	In the underly	ing cause	given in	Part i.	24s. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
										1		1 _ YES 2 _ NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			28. OTHER:	PLACE OF D	EATH (Ch	eck only o	one)			
1 TYES 2 NO		1 Inpatient 2		nt 3 □ DOA	4 Nursing H	ome 5 🗆 Ro	esidenca	8 🗆 Oth	ner (Specify)			
27. MANNER OF OEATH  1 Neturn 5	Pending	28a. DATE OF (Month, D	Day, Year)	28b. TIM	JURY \	INJURY AT WORK?		28d. DE	ESCRIBE HOW IN	JURY OC	CUREO	
	Investigation		94			YES 2	NO					
	Could not be detarmined	28a. PLACE O building,	of Injury — A artc. (Specify)	il home, farm,	street, factory, of	fice			CATION (Street as y or Town, State)	nd Number	or Rural A	loute Number,
								L				
		ICIAN: To the best of ER: On the besis of e										) and manner as stated.
29b, SIGNATURE AND TITLE	_			-			ENSE NUI					
	1000	has his	)	P.,	AI	SAC. FIC.		67	,		E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	P SON WH	O COMPLETED	OF DEATH	(ITEM 27) (Tops	Print	1 1		6 1		4	- 6	17
Pankaj	Lal,					n Dr	. #2	202	Rockv	ill	e,MD	20858
JUL 2 1 1994	Year)		AR'S SIGNATUR						<u> </u>			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** 

TO BE COMPLETED BY FUNERAL DIRECTOR

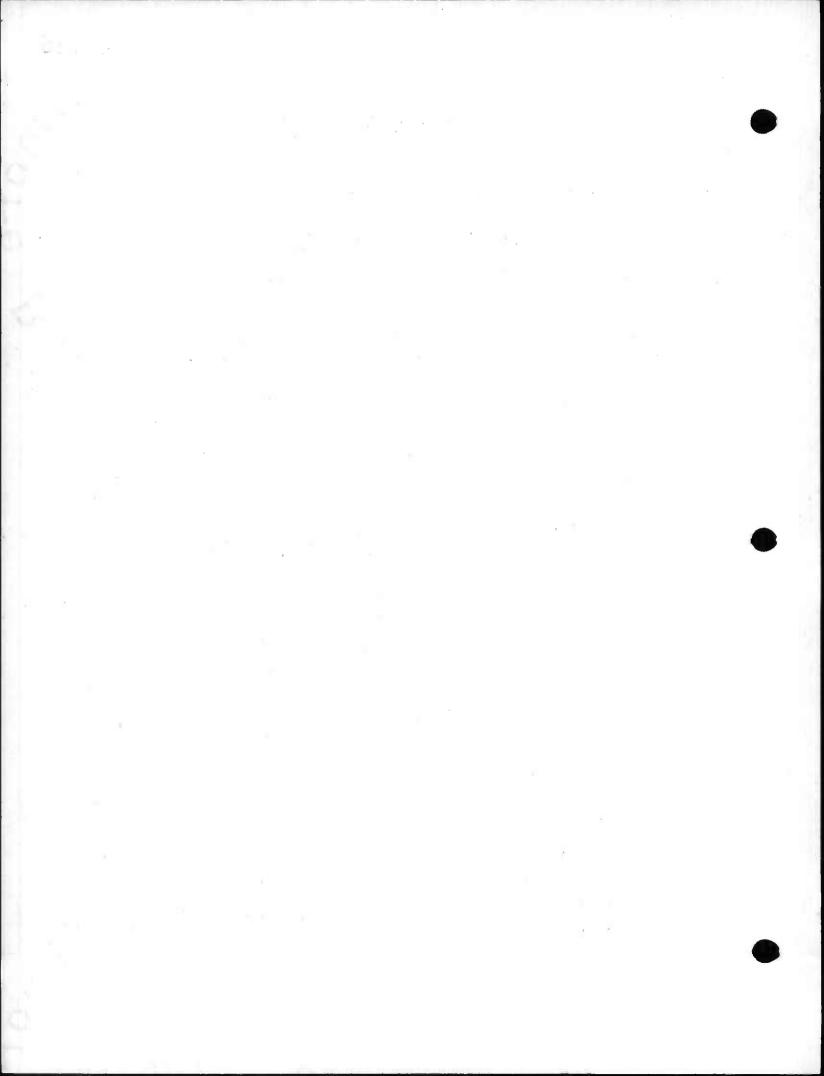
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

22745

94

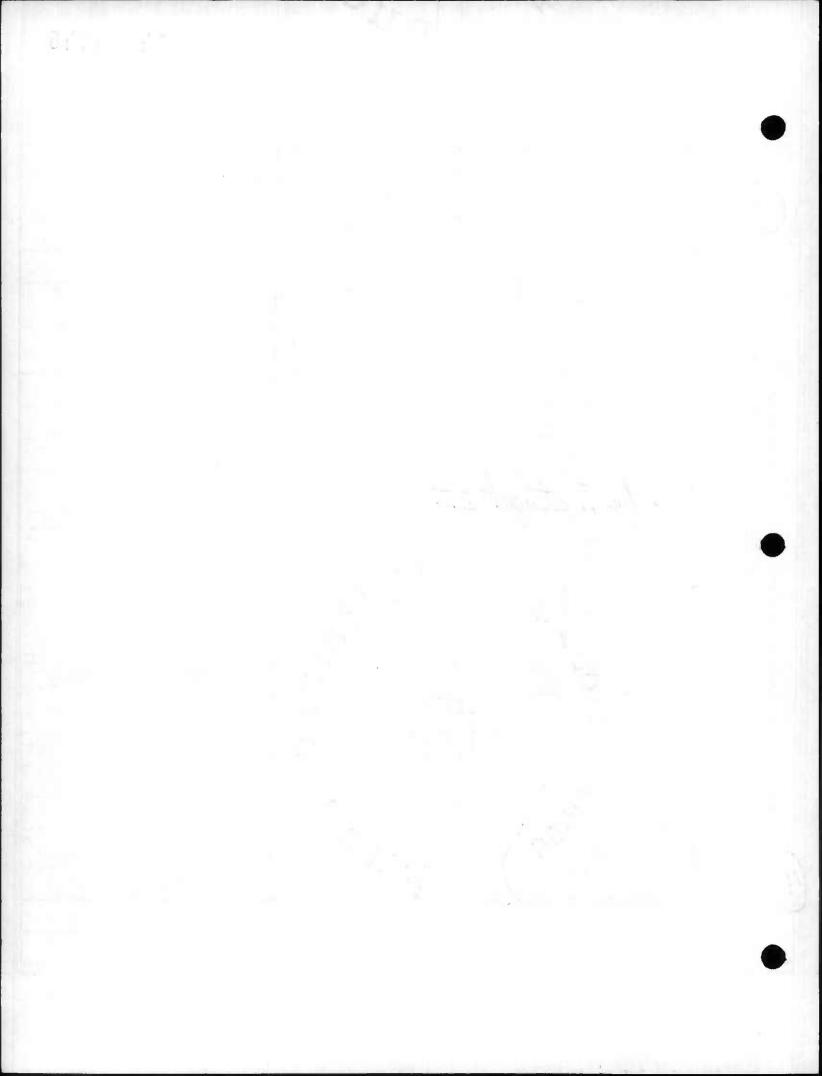


3		
	BALTIMORE, MARYLAND 21215-0020	th certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
	P.O. BOX 68760,	h certificate be elecuted within 24 ho

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CLAMINEU	Should		
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Degas.	funeral		
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pirate into the legand and the countries of exception within 24 mount and update. Taylo a linky be legand by	strificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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300 000	ysician a	prior to	
2000	nding ph	Hygiene	
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an como	signed	Health	
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o sam	has by	Dept	
M. 11	ficate	State	
3	E	2	

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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT					HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)				10/11/2				2. DATE OF			-	3 TIME	E OF DEATH	_
	LOUISE L.		HILL						MONTH	D		YEAR			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia:	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	July 7. DATE OF	15	,			State or Foreign	
	218-18-1342	1  M 2XXF		YRS.	MONTHS DAYS HOURS MIN. (Month, Day, Year)						Countr	MOI (Y	ataome:	rv	
	Se. FACILITY NAME (If not institution, give a	treet and number)	<u>82</u>		ab CITY	TOWN O	B LOCATI	ON OF DE	Nov.	15.	1911	NTY OF D	1 × 1 × 1	arylan	<u>d</u> _
Œ	17705 Norwood Ro	,													
16	RESIDENCE OF DECEDENT	au	-			banu	y sp	ring			Mon	tgom	ery		_
DIRECTOR	10e, STATE 10b, COUNTY	1		10c. CI	Y, TOWN O	R LOCAT	ION						10d. IN	SIDE CITY	
	Maryland Monte	comerv		9	andv	Snr	ina							MITS?	
A L	10e. STREET AND NUMBER	grant y			and y		ZIP COD	E			10g. CIT	IZEN OF V	WHAT CO	UNTRY?	
FUNERAL	17705 Norwood Roa	ad					208	60			T I'm	ited	CT-		
S	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AF		13. \	MAS DEC			NIC ORIGIN? (	Specify Yes					_
	1 Never Married 2 Married		YES 2 X	ND	1 1	f yes, spi	cify Cubi	In, Mexica Specify	in, Puerto Ric	en, etc.)		Speci		rican Indian, atc.	
BY	3 🔀 Widowed 4 🗌 Divorced							ороси	,				lac	k	
띹	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working														
	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)														
Retired															
SON	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Sumame)				
BE	William Love						Ma	rtha	Bowe:	n					
10	19a. INFORMANT'S NAME (Type/Print)								Route Number,						
- L	Phyllis E. Bost	on	1	L7705	Nor	wood	Roa	d, S	Sandy S	Sprin	ng, M	aryl	and	2086	0
5	20a. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Rem	oval from State	20b. PLACE	AND DATE	OF DISPOSI	ITION (Na	me of		DATE	20c. LO	CATION —	City or To	own, Stat	•	
	4 Donation 6 Other (Specify)		cemetery, cre Mutua	al Ce	mete	ry			7/20/	94 5	Sandy	Spr	ing,	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE						SS OF FA	CAL HO	ME					
EXA	John 1 XT	MIMAT	TIL								Was	hina	ton	, D. C	
20	23 PART I. Enter the diseases, or o	complications the	it caused the de	eath. Do	not enter	the mo	de of dv	ing, suc	h as cardia	Or resp	iratory an	rest.		pproximate	÷
	shock, or heart fallure.	List only one ca	use on each line	9.	0		1			1 100			- In	iterval Between	
8	IMMEDIATE CAUSE (Final disease or condition	111	A SA CLAA	, ,	5/ 2	en	dles	NU	1					meet and De	PHILIT
1	resulting in death)	B. DUE TO	(DR AS A CONSE	DUENCE O	10	207	) via	200	V				_		
-	_		(	~	,,	V	(						i		
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE O	NF):								-		
TAT I	cause. Enter UNDERLYING														
F	CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CONSE	DUENCE O	F):										
	resulting in death) LAST	d													
L CE	PART II Other significant condition	a aghtelhutiné ta	double but make		In the con-	de de la e			- I						
MEDICAL	PART ii. Other significent condition	Land of	death but not	resulting	in the un	aeriying	cause i	given in	Part I. 24	la. WAS AN PERFOR		246	MAILAE	UTOPSY FINDINGLE PRIOR TO	
	Secon Ma	MARUT	11100						— l¹	YES 2	W NO		OF DEA	etion of Caus TH?	E
		<u> </u>											1 🗆 Y	ES 2 NO	
Z															
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)						
PHYSICIAN:	1 TYES 2 ND	1 Inpatient 2	ER/Outpatient 3		4 🗆 Nurs	ing Hom		esidence	6 🗆 Other (5	(pecify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF	F INJURY Day, Year)	28b. TIR	ME OF JURY	_	URY AT RK? 'ES 2	NO.	28d. DESCR	IBE HOW I	NJURY OC	CURED			
BY	2 Accident Investigation 3 Suicide a Could not be	26e. PLACE	OF INJURY — At he	ome, ferm.	street, facto				28f. LOCATI	ON (Street	and Number	r or Rumi i	Route Ni=	mber	
	4 Homicide determined	building	etc. (Specify)						City or	Town, State)					

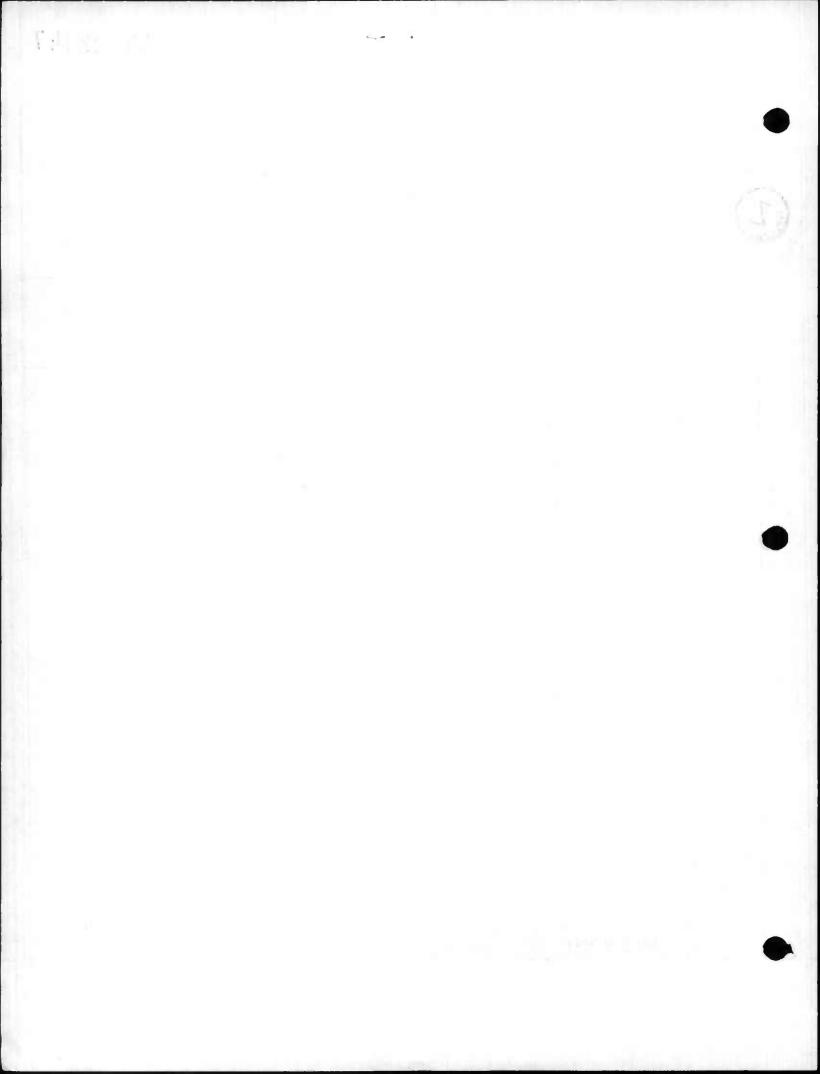
DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215	r death. Page 6 may be retained by the hospital or attent	re funeral director, page 5 should be detached for use as
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attent	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
DIVISION OF VITAL	. DR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has

1	1	Kodes T. 2		
E,	e e	t permit		ا ادور
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Ages 1: 2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			TMENT OF I		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>	2. DATE OF DEATH		3. TIME OF DEATH		
	ROSE MARY IRV	VIN					July 17,	1994 YEA	8:45 AM M		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest I	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign		
	239-50-8668		79	YRS.	MONTHS DAYS	HOURS MIN.			th Carolina		
œ	9a. FACILITY NAME (If not institution, give a				2011	OR LOCATION OF D	EATH	9c. COUNTY O			
DIRECTOR	Bel Air Convale		er, Ind	c.		Bel Air		Har	Ford		
IRE	10s. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
2	Maryland I	Harford				Jewood J. ZIP CODE			1 ☐ YES 2 🙀 NO		
FUNERAL	615 Mulberry Lane	2			10	21040			OF WHAT COUNTRY?		
3	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WAS DEC		NIC ORIGIN? (Specify	Yes or No — 14. R	ACE — American Indian.		
BY F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	FORCES? 1 Y		)		ecify Cuban, Maxica 2 X ND Specif	an, Puerto Rican, etc.) ly:		Heck, White, etc.		
	15. DECEDENT'S EDU	CATION	44. 050		1				white		
COMPLETED	(Specify only highest grade	Completed)  College (1-4 or 5+)	(Give	kind of v Oo NOT us	USUAL OCCUPATI work done during mo to retired.)	ost of working	16b. KIND OF E	SUSINESS/INDUSTR	Y		
4PL	8	College (I-4 or 5+)	Home	emak	er						
ő	17. FATHER'S NAME (First, Middle, Last)					19. MOTHER'S NA	ME (First, Middle, Meld	en Sumame)			
BE	Rufus Mack Taylor						line Eliza				
6	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or To				
	Carol Sue Mabe				ULDETTY DEDISPOSITION (N		dgewood, M	laryLand			
	1 Depuried 2 Cremetion 3 Rem 4 Donation 4 Other (Specify)	oval from State	hilloh	Met	her place)	'emeterv	7/20/94 9	narta N	North Carolina		
	21. SIGNATURE OF FUNERAL SERVICE VI	ENSEE / //	7	The	22. NAME A	ND ADDRESS OF FA	CILITY				
	1 bornes	17 11/100	Run				omas III F z Road, Ab		Home, P.A.		
	23. PART I. Enter the diseases, or	complications that cau	sed the das	th. Do n	ot enter the mo	de of dying, auc	h sa cardiac or rea	piratory arrest,	Md. 21009 Approximate		
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a.    The substance of the substan										
	resulting in death)	a. Pa	Mu	us	mid	u.					
	_	DUE TO (DR A	S A CONSEQU	JENCE OF	<del>-</del> ):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR A	S A CONSEQU	IENCE OF	j:						
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
	that initiated events	DUE TO (OR A	S A CONSEQU	ENCE OF	7):						
E I		d									
A	PART II. Other significent condition	s contributing to deet	h but not res	sulting i	n the underlyin	g cause given in	Part I. 24s. WAS /	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC							1 _ YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?		
M									1   YES 2   NO		
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	ACE OF DEATH (Ch	ack only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 [	DOA	QTHER:		6 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJUS (Month, Day, Yea	RY YE	28b. TIM	E OF 28c. IN.		28d. DESCRIBE HOW	INJURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	rES 2 NO		_			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At hom- Specify)	e, farm, s	treet, factory, offic		281. LOCATION (Stree City or Town, Sta		ral Route Number,		
COMPLETED			A - 31		1800						
MP	(Check only	CIAN: To the best of my kn							ee(a) and manner as stated.		
18	29b. SIGNATURE AND TITLE OF CERTIFIES				n, in my opinion, c						
H	Davids. D.					29c. LICENSE NUI	WDER 255		NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH						- / /	- ,,	5,,4		
U	DAUIDS. T.	SUNN 11	31 Be	141	rend						
	31. DATE FILED (MONTH, Day, Year)  JUL 1 9 1994	32. REGISTRAR'S SI	GNATURE	,							
	001 1 3 1334	They amound	Mardal	,							



SALTIMORE, MARYLAND 21215-0020  If death. Page 6 may be retained by the hospital or attending physician, the funeral director, page 5 should be detached for use as the burial-trajest permit.	30	-	Ŧ,
SALTIMORE, MARYLAND 21215-0020 r death. Page 6 may be retained by the hospital or attending physician, the funeral director, page 5 should be detached for use as the burial-trajest	-		Permit.
SALTIMORE, MARYLAND 21215-0 r death. Page 6 may be retained by the hospital or attending the funeral director, page 5 should be detached for use as the	020	physician,	burial-transit
SALTIMORE, MARYLA r death. Page 6 may be retained by the funeral director, page 5 should be do	AND 21215-0	hospital or attending	stached for use as the
3ALTIMORE, MAR r death. Page 6 may be retained the funeral director, page 5 should	Y.L.	by th	d be d
SALTIMORE, r death. Page 6 may be to funeral director, page	MAR	retained	5 shoul
SALT r death.	IMORE,	Page 6 may be	director, page
	SALT	r death.	e funeral

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

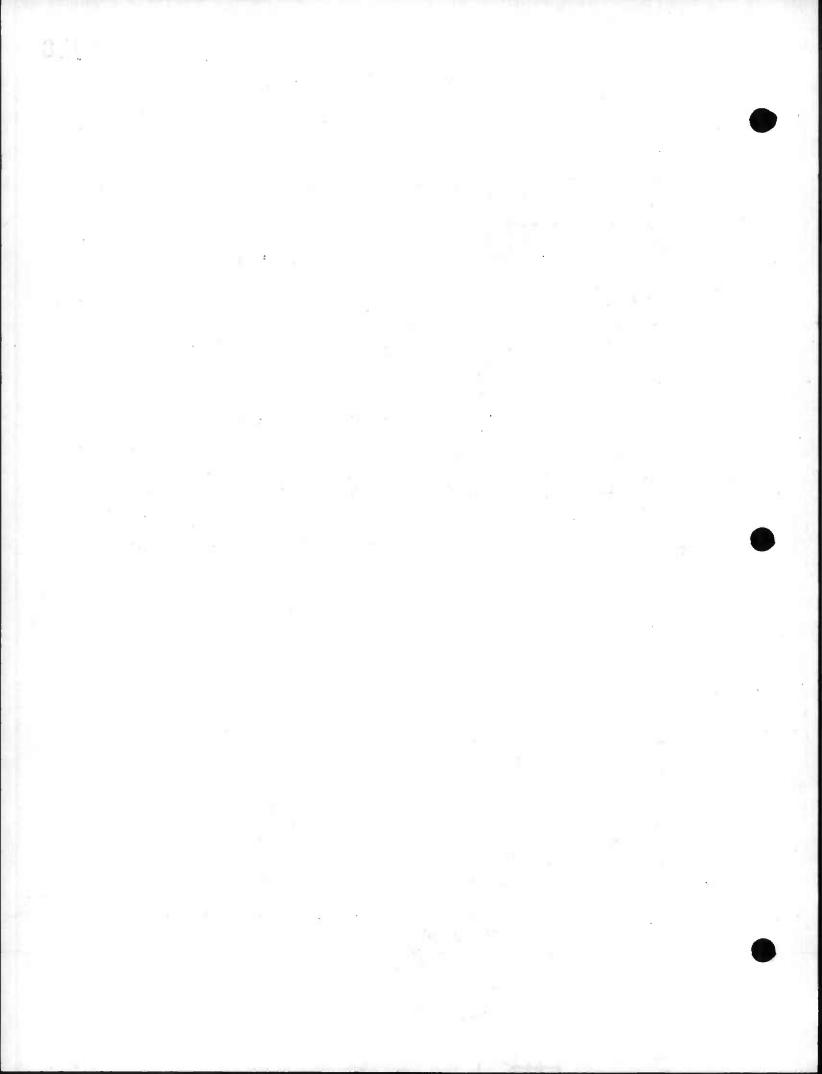
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 -	FOR STATE REGIST
1. D	ECEDENT'
	RIC
	363-4
Ba.	FACILITY I
RE	SIDENC
	SIDENC
10a.	
10a.	STATE
10e.	STATE MARYI
10e.	STATE MARYI STREET
10e.	MARYI STREET A

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR								
1. DECEDENT'S NAME (First, Middle, Las	10)				2. DATE OF MONTH	DEATH	YEA	3. TIME OF DEATH
RICHARD JAW					07	2		5:26am M
4. SOCIAL SECURITY NUMBER 363-42-7161	1 XM 2 - F	E (In yrs. lest birthday)  53 YRS.	IF UNDER 1 YE		7. DATE OF 06-1.	ынтн 5—41	8. Bi	HTHPLACE (State or Foreign MICHIGAN
Ba. FACILITY NAME (If not institution, given MONTGOMERY		PITAL		NEY	EATH		9c. COUNTY O	FOEATH GOMERY
RESIDENCE OF DECEDENT  10e. STATE 10b. COU	NTY	100 C	TY, TOWN OR LO	OCATION				LANGE OF STATE
	NTGOMERY	100. 01		CKVILLE				10d. INSIDE CITY LIMITS? 1 VES 2 NO
16604 GEORGE WA				101. ZIP COOE 20853				ED STATES
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 1 NO	If yes	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 1 NO Speci	an, Puerto Rice	Specify Yes o en, etc.)	6	ACE — American Indian, llack, White, etc. pecify: WHITE
15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT	S USUAL OCCUP	PATION g most of working	16b. KI	ND OF BUSH	NESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5 +) 5+	TEACI	use retired.)	y most of working	E	DUCAT	ION	
17. FATHER'S NAME (First, Middle, Last)  ZYGMUNT JAWORSK	I			18. MOTHER'S N	WOJICI		urname)	
19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				
PHYLLIS JAWORSK		16604	4 GEORG	E WASHING	ron dr	., RO	CKVILLI	E, MD 20853
20a METHOO OF DISPOSITION 1 Department of The Control of The Contr	imoval from State	ob.PLACE AND DATE emetery, crematory or ING DAVII	other place)	N(Neme of	0ATE N 7/22		ATION — City o	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		1	E AND ADDRESS OF F				
23. PARTA. Enter the disples, o shock, or heart fellur IMMEDIATE CAUSE (Final			1170	ROCKVILL	E PIKE	, ROCI	KVILLE	Approximate interval Between Onset and Death
23. PARTA. Enter the disputes, of ahock, or heart fellur	a. DUE TO (OR AS  OUE TO (OR AS		not enter the	ROCKVILL	E PIKE	, ROCI	KVILLE	Approximate interval Between Onset and Death
23. PART. Enter the dispelses, o shock, or heart fellun IMMEDIATE CAUSE (Fine disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR AS  c. DUE TO (OR AS  d.	A CONSEQUENCE (	not enter the	ROCKVILL mode of dying, su	E PIKE th as cardino	, ROCI	AVILLE story arrest,	Approximate interval Between Onset and Death
23. PART. Enter the dispetes, o shock, or heart fellun IMMEDIATE CAUSE (Fine disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. OUE TO (OR AS  c. DUE TO (OR AS  d.	A CONSEQUENCE (	not enter the	ROCKVILL mode of dying, su	E PIKE th as cardino	ROCK C or reepira  A. WAS AN AN AN PERFORM	AVILLE story arrest,	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Death Onset and Death Death Onset and Death
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23. PART J. Enter the dispetes, o shock, or heart fellun IMMEDIATE CAUSE (Fine disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificent conditions and the cause of the cause o	DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE ( B A CONSEQUENCE ( B A CONSEQUENCE ( B Dut not resulting  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  B DOA  A CONSEQUENCE ( B DUT NOT RESULTING  B DOA  A CONSEQUENCE ( B DUT NOT RESULT ( B DUT NOT RESU	1170 not enter the  OF):  OF):  OF):  OF):  OTHER: 4   Nursing  ME OF NURY M 1	ROCKVILL  mode of dying, sur  iying ceuee given in  s. PLACE OF DEATH (C)  Home 5   Residence  iNJURY AT  WORK?  YES 2   NO	Pert I. 24  1 Pert I. 24  1 Other (S 28d, OESCR	a. WAS AN AN PERFORM VES 2 5	UTOPSY HED?	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
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	1 - STATE REGISTRAR	STATE OF		ERTIF					MICIA I	REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Las	0)	-		TOATI	_ 01	DEA	•	2. DAT	E OF DEATH			3, TIME OF DEATH
	Robert	Joseph	K	onno	d w				Ju	TH DA		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. let				E OF BIRTH	1994		6:05 P M  IPLACE (State or Foreign			
	577-26-0104	1 [X] M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	nth, Day, Year)	٥٥٢	Countr	y)
	90. FACILITY HAME (If not Institution, give	street and number)	88		ah CITY	Y TOWN C	OR LOCATIO	ON OF OR	Dec	c. 1, 1	905	Mas:	sachusetts
œ	Physicians Mer		snital			LaP1		JI 01 0E	LAIN .			Char:	
5	RESIDENCE OF DECEDENT		JPI CUI	-		Dai I	ata	-			<u> </u>	Gliat.	les
DIRECTOR	10e. STATE 10b. COUR	ITY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Ch	arles		Wa	ldor	f							1 YES 2X NO
AL	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
EH	484 Ridgeline Te	rr.					2060	03				U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDED	T EVER IH U.S. AF	RMEO						IN? (Specify Yes	or No-	14. RACE	— Americen Indian,
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced		MAR OR DATES	no			2 X HO			Rican, etc.)		Speci	O TOTAL STATE OF THE STATE OF T
		1										-	ite
COMPLETED	15. DECEDENT'S Et (Specify only highest gre		(G	ECEOENT'S live kind of	work done	during mo	OH st of workin	g	100	Sb. KIND OF BUS			
Ž	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u						Dept. o			-
M	17. FATHER'S HAME (First, Middle, Last)	JT_	Sur	veyo	T.		100000			-	-	I En	gineers
							200			, Middle, Maiden	Surname)		
BE	Timothy Kennedy  190. IHFORMANT'S NAME (Type/Print)						Mar						
2	Patricia C. Schae	ofor								mber, City or Town			
	200. METHOD Q5 DISPOSITION	erer	20b. PLACE					L . VV.	-	orf, Md		· City or To	
	1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from Stale	cemetery, cre Huntt				me or		1	20c. LO 22 Wald			
- î	21. SGNATURE OF SWNERAL SERVICE	LICEHSE	Thuritte	CLG			ID ADDRES	S OF FA		ZZĮWali	JOL I	, Ma.	
	Typen	Mach	W.							l Home,			- 1
	Benjamin M.  23. PART I. Enter the diseeses, o		M00658							dorf, M			
	shock, pr heert fallure iMMEDIATE CAUSE (Final disease pr condition resulting in death)	a	use on each line	lero	tre					n d	4		Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events resulting in death) LAST	c	(OR AS A COHSE										
CAL	PART II. Other significent condition	ons contributing to	death but not	resulting	In the ur	nderlying	g ceusa g	lven in	Part i.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED										, , , , ,	9.110		OF DEATH?  1 YES 2 HO
-	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE OF	DEA	TH Y	'ES 🗆	NC					
A	25. WAS CASE REFERRED TO MEDICAL						ACE OF D			one)			
S	EXAMIHER?	HOSPITAL:	ER/Outpatient 3	B 🗆 DOA	OTHEI		e 5 🗆 Re	sidence	6 🗆 Ot	her (Specify)			
ΞÌ	27. MAHHER OF DEATH	26a. DATE O		28b. TIW	E OF	28c. IHJ	URY AT			EŞCRIBE HOW I	NJURY OC	CURED	
	1 Netural 5 Pending	(Month, I	Pay, rear)	IN.	JURY M	-	RK? res 2	] но					
BY	2 Accident investigation 3 Suicide 6 Could not b	28e. PLACE	OF IHJURY — At he	ome, farm,	street, fac	tory, office			261. LC	CATIOH (Street	and Numbe	or or Rural I	Route Number,
里	4 Homicide determined	bunding	, atc. (Specify)						CA	ry or Town, Stete)			
٦	290. CERTIFIER CERTIFYING PHY	SICIAN: To the best o	/ my knowledge, de	eath occurr	nd at the i	lime date	and place	and due	to the c	sussels) and mar	nor on etc	ted.	
<b>\(\begin{array}{c} \)</b>	1												e) end manner ee stated.
ź١	2 MEDICAL EXAMI	HEN. OH the beard of											
							290 1100	NSE MIR	ARED		204 043	TE GIONEO	
8	29b. SIGNATURE AND TITLE OF CERTIF						29c. LICE				29d. DAT	TE SIGNED	(Month, Day, Year)
	29b. SIGNATURE AND TITLE OF FERTIF	Hun			, Print)			2257			29d. DAT	7//	
		VHO COMPLETED CAL	SE OF DEATH (ITE	M 27) (Type		dorf	D-:	2257		4	29d. DAT	TE SIGNED	

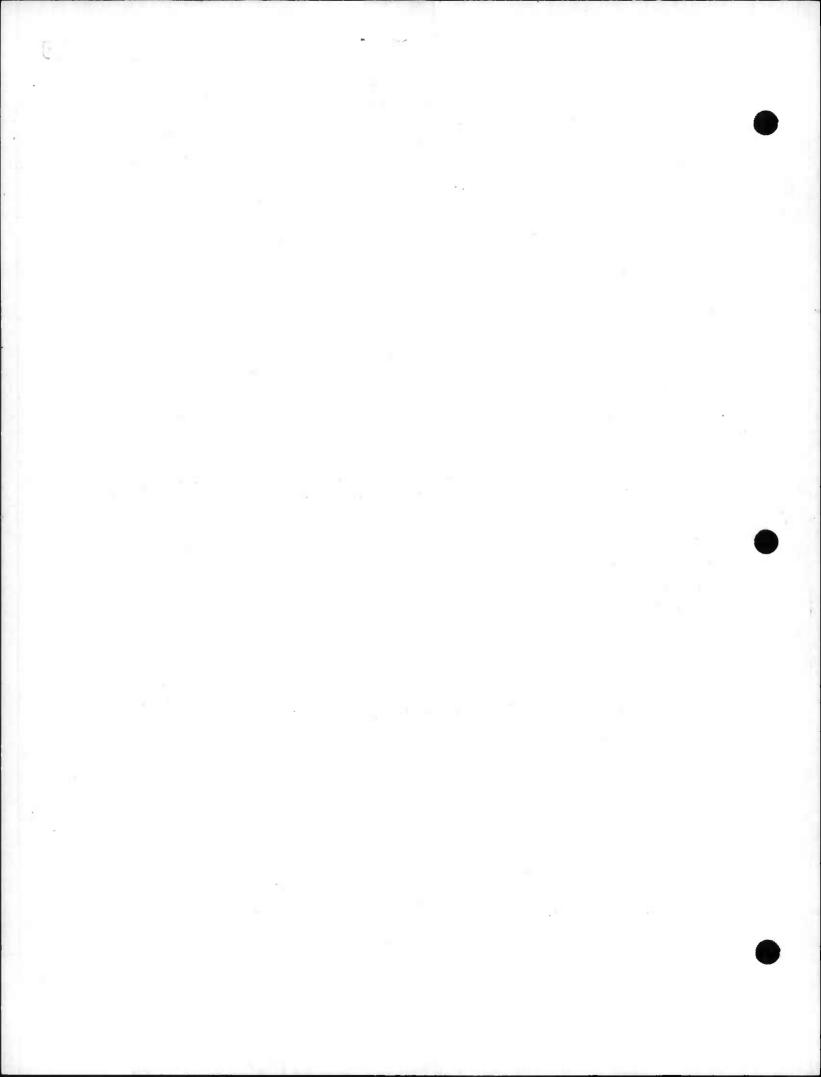
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



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IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATN
	WALTER	F	•	KREBS		JULY 22,1	994 TEAR	2:45AM M
		S. SEX 6. AGE	(In yrs. lest birthday) 95 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 23 - 18	Coun	NPLACE (State or Foreign PA
ОВ	9a. FACILITY NAME (If not institution, give stree PHYSICIANS MEMO		ΓAL	96. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY OF	DEATN
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ITION			10d. INSIDE CITY
	MD Ch.	arles		Plata				11 YES 2 NO
FUNERAL	Charles Co. Nur	sing Home		10	20646		U.S.	A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	It yes, s		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	Blac	CE — American Indian, ck, White, etc. cdly:White
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON mpleted)	(Give kind of	USUAL OCCUPAT	ION lost of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Teac	se retired.)		Edi	ucation	L
CO	17. EATHER'S NAME (First, Middle, Last) Fred Krebs					ME (First, Middle, Maiden Siegfrie		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tow		
2	Joan Case		P.O.	box 25	4 LaPla	ta,MD 2	0646	
	20a. METHOD OF DISPOSITION  1 □ Burial 2 □ Cremation 3 □ Remova  4 □ Donation 5 □ Other (Specify)	il from State	Db. PLACE AND DATE	OF DISPOSITION (A	remator	DATE 20c. LO	CATION — City or T	rown, Stata ndria, VA
Ì	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE //	<u>.ccropor</u>	22. NAME /	ND ADDRESS OF FA	OLS FUNE		
	Lavid L. I		00945	LaP1	ata,MD	20646		
	23. PART I. Enter the diseases, or conshock, or heart feilure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pre	eech line.	nie	east or aying, suc	n as cardiac or reap	ratory arrest,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO OR AS	A CONSEQUENCE O	nia Ha	+ Fa	ilure		
MEDICAL	PART II. Other aignificant conditions of	contributing to death		in the underlying	ng cause givan in	Part i. 24a. WAS AN PERFOF	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES   NO			
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)		
PHYSICIAN:		Linpatient 2 ☐ ER/Ou		4 - Nursing No	me 5 🗆 Rasidenca			
BY PH	1 K Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF INJUR building, atc. (Sp	RY — At home, term, ectly)	street, factory, offi	ca	28f. LOCATION (Street a City or Town, State)		Route Number,
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:							(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Teckel	Sin	0	29c. LICENSE NUI D-08370		29d. DATE SIGNE	10 (Month, Day, Year) 22/94/
1	PAUL E, PRITCHETT	SR. M.D. 1	18 LA GRA		NUE P.O.	BOX 1317 I	LA PLATA	MD. 20646
	31. DATE FILED (Month, Day, Year)  JUL 2, 2, 1994	32. REGISTRAR'S SIG	NATURE					

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HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physical	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	
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ath	trend	, or
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that	d par	amy
requires	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the facility and Managing by the facility of t	within 72 hours also ceat with the State Cept, or negatilians mental hybers prior to curial. We retrived.  ITANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NDIN	R. Aft	8 -
ATTE	ECTO	1 28
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SPITA	JERAI	11.1
P.	5	M

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

TO THE HOSPITAL E
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If it

25. WAS CASE REFERRED TO-MEDICAL

8 Could not be

**EXAMINER?** 

27. MANNER OF DEATH

1 Natural

2 Accident

4 Homicide

3 Suicide

29e. CERTIFIE

1 YES 2 NO

94 22751 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 OFCEDENT'S NAME (First Middle Last 2. DATE OF DEATH 3. TIME OF DEATH 1994 July 15, Joseph Oliver Kight 1:15 P. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year Feb. 5, 6. AGE (In vrs. last birthday 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 | F 214-09-6506 83 Virginia 1911 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 917 W. Franklin Street Washington Hagerstown 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown t X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 917 W. Franklin Street 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexicen, Puerto Rican, etc.) t4. RACE — American Indian, Black, White, etc. t Never Married 2 X Merried 1 TYES 2 X NO Specify BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) weather proofer construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Lethia Kight BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 917 W. Franklin Street Hagerstown, Maryland 21740 Edith Kight 20e. METHOD OF OISPOSITION
1 X Burlet 2 Cremetion 3 Removal from State
4 Dopogion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cerose empty 1 the Cernetery 20c. LOCATION -- City or Town, State Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiac or respiratory arreat, shock, or haart failure. List only one cause on each line. Approximate interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (DP-AS A CERTIFICATION Sequentially list conditions, TO (OR AS A GONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST

PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 | Inpatient 2 | ER/Outpatient 3 | DOA

28e. OATE OF INJURY

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH?

1 YES 2 NO

26. PLACE OF OEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)

2 NO

28d.	OEȘCRIBE	HOW	INJUI	W OCC	U	REO			
28t.	LOCATION (	Street	end A	lumber	or	Rural	Route	Number,	

R	1 CERTIFYING PHYSICIAN:	To the best of my knowledge,	death occurred	at the time, o	late end plece,	end due to the	ceuse(e) and menn-	er as stated
	3 MEDICAL EVALUATED OF	Abo books of sometowater and						

28b. TIME OF

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

INJURY

EXAMINET. On the besit of examination end/of investigation, in my of	pinion, death occured at the time, date end p	lace, and due to the ceuse(s) end manner es stated.
b. SIGNATURE AND TITLE OF CENTIFIER  SIGNATURE AND TITLE OF CENTIFIER	29c, LICENSE NUMBER D27898	29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

1 YES

				/
FRANCES OF PERSON WHO COMPLETED CAUSE OF FRANCES CO. L. ANDRAGE	DF DEATH (ITEM 27) (Type, Print).	Hodeston	MO	2128/
	7 200 7.004 0	10-10-1-		

31. DATE FILED (Month, Day, Year)

JUL 2 0 1994 12. REGISTRAR'S SIGNATURE

his Denden Harrens

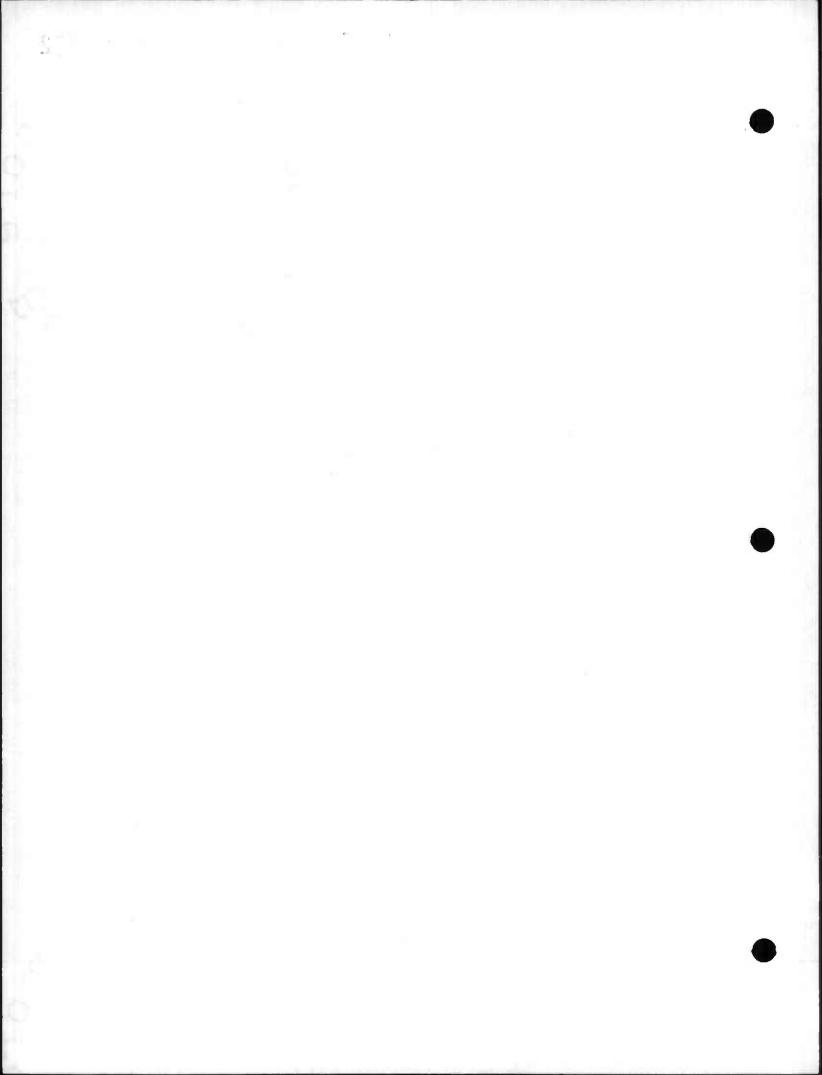
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

_	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO			
OR	1. DECEDENT'S NAME (First, Middle, Lest)  Marion	Vome	Varna			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	Possehl	Kerns			01	9 94	7.00	
	213-09-8723	1 🗆 M 2 😾 F	GE (In yrs. last birthday) 91_ YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-18-19		BIRTHPLACE (State or Foreign Country)	
	90. FACILITY NAME (If not Institution, give street and number) Glen Meadows Retirement Community			96. CITY, TOWN OR LOCATION OF DEATH Glen Arm			9c. COUNTY OF DEATH Baltimore		
5	RESIDENCE OF DECEDENT								
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								
ᅙ	Maryland Baltimore			Gle			1 TES 2 NO		
	10e. STREET AND NUMBER			1		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	11630 Glen Arm Road				USA				
들	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		ER IN U.S. ARMED	ARMED  13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica		HC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.	
BY	3 XWIdowed 4 Divorced IF YES, GIVE WAR OR DATES			1 ☐ YES 2 ☑ NO Specify:			Specify: white		
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								
<b>L</b>	(Specify only highest grade completed) (Gi Elementary/Secondary (0-12) College (1-4 or 5+)			rork done during n e retired.)					
COMPLETED	11 , , , ,		Inter	Interior Designer			Furniture		
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (Fir			First, Middle, Meiden Surname)		
BE (	(UNKNOWN) Possehl			(UNKNOWN)					
	19e. INFORMANT'S NAME (Type/Print) 19b.			MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)					
임	J. Seeger Kerns 830 W.				40th Street, Baltimore, Maryland 21211				
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	20b. PLACE AND DATE O	F DISPOSITION (	lame of	DATE 20c. LO	CATION City	or Town, State		
	4 Donation 5 Other (Specify)	ovel from State	cemetery, cremetory or of Druid Ridge	<sup>her place)</sup> e <b>Cemet</b>	erv	7/11/94	Baltim	ore,Maryland	
	21. SIGNATURE OF SUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	shock, or heart failure. List only only cause on each line.								
	IMMEDIATE CAUSE (Finel disease or condition	1	Onset and Death						
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cardio various Collapse  DUE TO (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):								
	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR	AS A CONSEQUENCE OF	DUENCE OF):					
S cause. Enter UNDERLYING									
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
resulting in deeth) LAST									
	DADT II Other significant and literate and l								
EDICAL	PERFORMED? AMAILABLE PRIOR TO							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă					1 TYES 2 NO		COMPLETION OF CAUSE OF DEATH?		
	Heart Facture (3) Gastrustony the							1 TYES 2 NO	
PHYSICIAN: M									
	28. WAS CASE REFERRED TO MEDICAL EXAMINERY: HOSPITAL: QTHER:								
YS	1 TES 2 NO	1 Inpetient 2 ER/		4 Nursing Ho	me 5 🗆 Residence	5 Other (Specify)			
H	27. MANNER OF DEATH  286. DATE OF INJURY (Month, Day, Year)  28b. TIME OF 1NJURY AT WORK?  1NJURY WORK?  28d. DESCRIBE HOW INJURY OCCURED								
B	1 Natural 5 Pending Investigation		M 1 YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	IURY — At home, farm, a (Specify)	home, farm, street, factory, office 281, LOCATION (S City or Town,			reet and Number or Rural Route Number, State)			
	4 Homicide determined								
집	29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.								
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated,								
	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Month, Day, Year)								
BE	e cu	M	Melle 1	D	0279	25	107	119/94	
2	DAVID MCC(Werd 1/3/ Belder Aced Relder And 21614								
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  JUL 2 1 1994  JULIUM OF WILLIAM OF WI								
	3012 1 1994	James di aural	un varially						



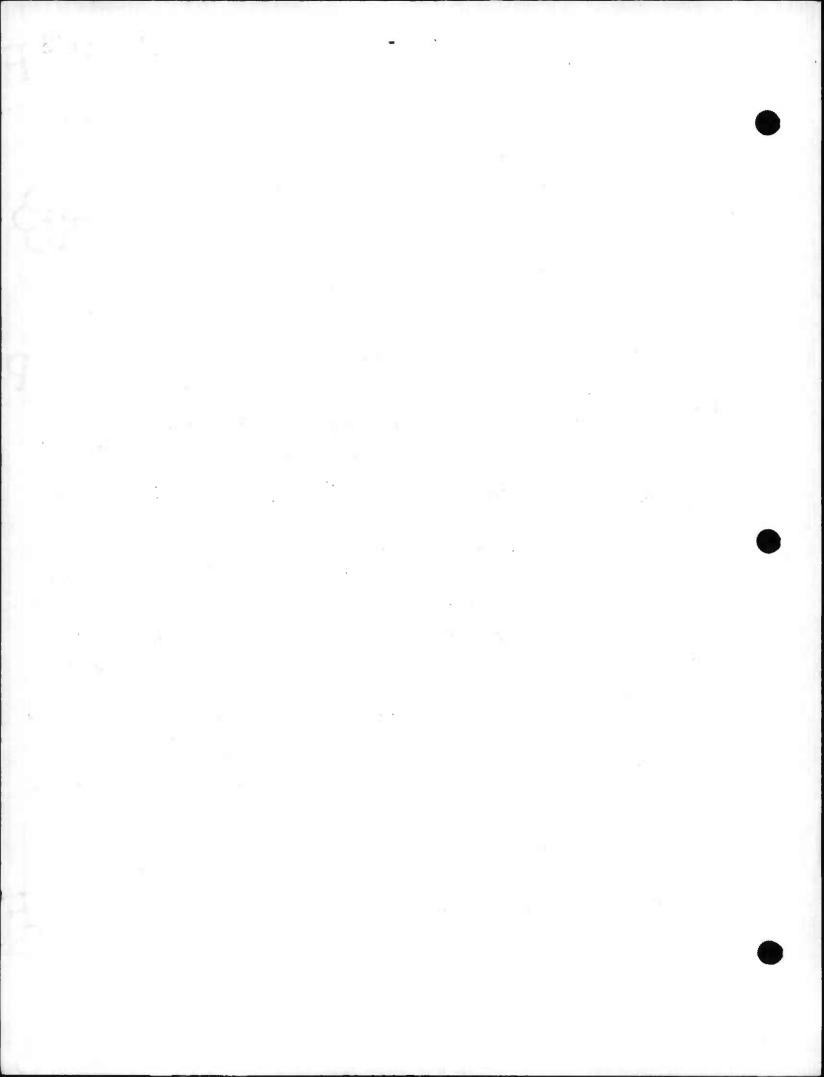
BALTIMORE, MARYLAND 21215-0020	this mours after death. Page 6 may be retained by the hospital or attending physician."	prety filled in by the funeral director, page 5 should be detached for use as the burial-transit permation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF N		/ DEPART				ITAL HYGIEN			
1. DECEDENT'S NAME (First,	E	lizabeth		KAG	LE			DATE OF DEATH	<b>A</b> 1994	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-03-4381		5. SEX	6. AGE (In yrs. I	· · ·	IF UNDER 1 YEAR NONTHS DAYS		ARMA (	Month, Day, Year) t. 29, 1	.918	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not in Saint Jose	eph Hos				9b. CITY, TOW		Maryla	nd	9c. COUN	Baltim	
RESIDENCE OF DEC	10b. COUNT	γ		10c. CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY
Maryland 100. STREET AND NUMBER		Harford			Fall	ston			I son CITIE	1	LIMITS?  YES 2 1 NO  NT COUNTRY?
1706 Parks	vije Ro	ad					21047		log. Cira		
11. MARITAL STATUS 1  Never Married 2  3  Widowed 4  Divo	Married	12. WAS DECEDEN	AES 5 2		II yes,	ECENDENT O	F NISPANIC O	RIGIN? (Specify Ye erto Rican, etc.)	s or No-	Black, V Specify:	American Indian, White
15. DEC (Specify only Elementary/Secondary (0	CEDENT'S EDU by highest grade 0-12)	CATION completed) College (1-4 or 5 a	- 4	Give kind of wo	rk done during retired.)	FION most of working	g	16b. KIND OF BU	SINESS/IND	USTRY	
17, FATHER'S NAME (First, M	fiddle, Lest)			пош	emaker	18 MOTH	ED'S NAME /	irst, Middle, Maiden	Sumana)		
		mene Maux	r						,		
Edmund Joseph Eugene Mayer Elizabeth (nmn) Baker  19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
Donald R. Kagle Jr. 1706 Parkvue Road, Fallston, Md. 21047											
20a. METHOD OF DISPOSITI	on 3 🗆 Rem	oval from State	cemetery c	E AND DATE OF	OISPOSITION	Neme of			CATION - C	City or Town	
21. SIGNATURE OF PUNERA	AL SERVICE LIC	CENSEE	,	111 114	22. NAME	ANO ADDRES	S OF FACILIT	٧			
Styse	hun (	Il Hu	gly	***	1317	Cokes	sbury I	as III F Rd., Abi	nadon	. Md.	
23. PART I. Enier the di shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	neart fellure. Inal	List only one cau	ise on each lir	SHOCK		node of dyl	ng, such aa	cardiac or reap	iratory arre	est,	Approximate Interval Between Onset and Death 2DAYS
Sequentielly list condition of the sequentielly list condition of the sequential sequent	diete	DUE TO	MYOCA (OR AS A CONS FIBRILL	EOUENCE OF):		TION					2 DAYS
CAUSE (Disease or inju that initiated events resulting in death) LAS	Jry 1	DUE TO (OR AS A CONSEQUENCE OF):  CARCINOMA OF THE LUNG								2 WKS	
PART II. Other significa MALIGNAN	AT PLEL			resulting in	the undarly	ng cause g	ivan in Part	i. 24a. WAS AN PERFO	RMEO?	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
HYPERTEN											TYES 2 INO
DID TOBACCO		CONTRIBUTE	TO CAU	ISE OF	DEATH	YES 🗌	NO [	]			
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			26. OTHER:	PLACE OF DE	EATH (Check or	nly one)			
1 TES 2 NO		1 inpatient 2		3 DOA	Nursing H		_	Other (Specify)			
	Pending Investigation	28a. DATE OF (Month, D	ay, Year)	28b. TIME INJUI	M 1	NJURY AT VORK? YES 2		. DESCRIBE NOW	INJURY OCC	URED	
	Could not be detarmined	28a. PLACE O building,	F INJURY — At I etc. (Specify)	home, ferm, str	eet, fectory, of	lica	281.	LOCATION (Street City or Town, State	and Number	or Rural Rout	te Number,
and the second		ICIAN: To the best of									nd manner as stated.
29b. SIGNATURE AND TITLE	OF CERME	igai n	<b>W</b>			29 to LICE	45°06	60	29d. DATE	SIGNED (M	94
30. NAME AND AGGRESS OF ANIS ANSA	F PERSON WH	O COMPLETEO CAUS	SE OF DEATH (IT	EM 27) (Type, F	ON, MI	D. 2120	)4	-			
31. DATE FILEO (Month, Day,	1 1994	32 REGISTRA	R'S SIGNATURE	.1 11		_					

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
st)		2. DATE O	F DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH	
	KENNETH WESLEY	KINNAMON				7-14-1	994	YEAR	5:10 P. M	
		OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLE								
	210 0.00	$215-20-0739$   $1 \times 10^{-1}$   68   $1 \times 10^{-1}$   $1 \times 10^$							yland	
nr.	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	1335 N. Schumake	r Dr.		Salish	ury		Wi	CON	nico	
JEC.	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
	Md. Wicomico Salisbury 1  100. STREET AND NUMBER 100. CITIZEN OF WALL									
3AL	100. STREET AND NUMBER	10g. CITI	TIZEN OF WHAT COUNTRY?							
FUNERAL	1335 N. Schumaker Dr. 21801 U.S.  11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO 11 yes, specify Cuben, Mexican, Puerto Rican, etc.)  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA  14. RAPPER MARITAL STATUS  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA  16. RAPPER MARITAL STATUS  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA  18. RAPPER MARITAL STATUS									
	11. MARITAL STATUS  1 Never Married 2 Married	14. RACE Black	4. RACE — American Indian, Black, White, etc.							
BY	3 Widowed 4 Divorced	Specify:								
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (G-12)  College (1-4 or 5+)									
LET										
MP										
8	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Margaret T. Kinnamon P.O. Box 3313, Salisbury, Md. 2180									
2										
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Removal from State  4 Donation 5 Pher (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremetery or other place)  Md. Veterans Cem.  7-18 Hurlock, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	0		ID ADDRESS OF FA		LIOCK	I.	iu.	
	+ Sund	1 Bour	and/	] <sub>D</sub>	J					
	23. PART I. Enter the diseases, or com	pilications that caused	the death. Do not	BOUN	de of dving, au	eral Hom	e, Sa	lls	bury, Md.	
	anock, or heart failure. List only one cause on each line.									
	disease or condition resulting in death)	Pancrea	tic (	ance	1.				Onset and Death	
	a		CONSEQUENCE OF):						MONE	
N	Sequentially list conditions, b									
Ĕ	if any, leading to immediate couse. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):							
	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART II. Other algnificant conditions c	ontributing to death by	t not requiring to	the readed as		D. at 1		_		
CAL	Sclera Cna	Chelans		the Underlyin	j cause given in		N AUTOPSY DRMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDI	gilowa to	Calific	MS.			1 TYES	2 100		COMPLETION OF CAUSE OF GEATH?	
Σ.	- Cache Care	Carling)				— [			1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL	1844		26. PL	ACE OF DEATH (C)	heck only one)	-			
PHYSICIAN: MEDIC		OSPITAL:		THER:		8 Other (Specify)				
E	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		26d. DESCRIBE HOW	INJURY OCC	UREO		
æ	1 Natural 5 Pending 2 Accident Investigation			M 1 1	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - butlding, etc. (Specif	— At home, farm, stre y)	et, factory, offic		281. LOCATION (Stree City or Town, Stat	t and Number (	or Rural R	oute Number,	
COMPLETED	an exercise									
MP	(Check only									
8	2 MEDICAL EXAMINER: 0	m the basis of azamination	snd/or investigation,	In my opinion, d			end due to the	Cause(s	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Infooka.	a. Ux	ا و	29c. LICENSE NU	MBER	29d. DATE	SIGNED	(Month, Pay, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Non Pr	rint)	-U 42	07/	1	///	3/77.	
	KOTA L. CHAND	RASEKHI	TRA MI		KAY A	UE SAII	SBUR	y /	MD 21801.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	300	territ in	VV OAC	550,0	(		
	JUL 15 1994 Julia d'avelson-Randall									

(IVA)

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

GOR 65 a Que SIL 16 US 2090

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF										TIME OF DEATH			
		WILLIAM	KESSLER							JULY	ž 20, Š		YEAR	8:30 PM M	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	(In yrs. last birtho	months	DAYS		R 24 HRS.	7. DATE	OF BIRTH ]	1913	8. BIRTHPL Country)	ACE (State or Foreign	
ğ		578-12-1303	1 🕅 M 2 🗆 F	-	79 81 YR	B. MONTH	DAYS	HOURS	MIN.	JUNE	25, +	915	PENNS	YLVANIA	
should	_	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DE													
	힏	HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT										ERY			
74	)   ji	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. N										Dd. INSIDE CITY			
4	10	MARYLAND M	ONTGOMERY			SILV	ER S	SPRIN	G				1	YLIMITS? TYES 2 NO	
200	AL	10e. STREET AND NUMBER			10	H. ZIP COO				10g. CITIZ		AT COUNTRY?			
ans	FUNERAL	3518 TARKIN							2090	6		UNI	TED S	STATES	
020 physician. burial fran	크	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDER FORCES?	X YES	IN U.S. ARMED	13				INIC ORIGIN? (Specify Yes or No— 14. RAC an, Puerlo Rican, etc.) Blac				- American Indian, Vhite, etc.	
ng pl	BY	3 Widowed 4 Divorced	I IF YES GIVE WAS OR DATES				S 1 TYES 2 NO Special								
21215-0026 Il or attending physic for use as the burial	ED	15. DECEDENT'S E	DUCATION		18a, DECEDER	T'S USUAL	OCCUPAT	ION		WHITE					
212	Щ	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	+)	He. Do No	of work done during most of working Of use retired.)									
	COMPLET	12	OWNER DRY CLE							CLEAN	ER				
the horder	8	17. FATHER'S NAME (First, Middle, Last)  ANDREW KESSLER  18. MOTHER'S NAME (First, Middle, Maiden Surname)  IDA GREENBERG													
MARYLAND retained by the hospit 5 should be detached tottlifled at once.	BE	19a. INFORMANT'S NAME (Type/Print)													
	2	BONNIE KLEIN						ber, City or Town			RYLAND2090				
RE, may be or, page ist be		BONNIE KLEIN  14312 MORTON HALL ROAD - SILVER SPRING, MARYLAND 209  20a, METHOD OF DISPOSITION  20b, PLACE AND DATE OF DISPOSITION   DATE   20c, LOCATION - City of Town, State													
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		1 A Burlet 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State		TNG DAV				ARDE					, VIRGINIA	
ALTIMO death. Page 6 if tuneral directo		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22	. NAME A	ND ADDRE	SS OF FA	CILITY	C MEMO	DTAT	CILADI	ELS, INC.	
	_ 8	Negard	11 -	1	/										
B tours after of in by the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
		shock, or heart failure. List only one cause on each ijna.  IMMEDIATE CAUSE (Fine)									Intervsi Between Onset and Death				
>==		disease or condition sentition of the condition of the co							one will						
68760, acuted within and complete burial, crema		DUE TO (MR AS A CONSEQUENCE OF):									141.				
687 wecuted and con burial,	NO NO	Sequentially list conditions,									1416.				
OX 68 ebecut is be executed sician and confort to buriant traumatic	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING													
E P S S	FIC	CAUSE (Disease or Injury that initiated eventa Due TO (OR AS A CONSEQUENCE OF):								<del> </del>					
P.O. th certif ending I Hygier	TH	reaulting in death) LAST													
DS, the dearly the att		PART ii. Other aignificent condit	one contributing to	death I	but not resulti	on in the s	ındəriyir	OC CRUPA	given in	Part I	24a. WAS AN	ALLTOREY	T 0.05 W	FOR AUTODAY EMPONIOS	
- a - a -	MEDICAL					·g iii tiio t		ig cause	given in	7 87(1.	PERFOR	MED?	All	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE	
= 07 I > 1										— J	1 TYES 2	NO	O	F DEATH?	
Sh co de la	- I	DID TOBACCO USE	CONTRIBUT	E TO	CAUSE	OF DE	ATH	YES [	7 NO				'	YES 2 NO	
TAL The law are has bate Dept.	¥	25. WAS CASE REFERRED TO MEDICAL					_	LACE OF D			ne)				
F VITA SICIAN: The certificate h the State I	SIC	t YES 2 NO	HOSPITAL:	ER/Out	ipatient 3 🗆 DO	OTHE		ma 5 🗆 Re	esidence	6 🗆 Othe	r (Specify)				
AISION OF VITAL ATTENDING PHYSICIAN: The law CODR. After this certificate has 1 s after death with the State Dept 28 is marked, or Item 23	PHYSICIAN	27. MANNEB OF DEATH	28a. DATE OF (Month, D	INJURY	28b.	TIME OF	28c. IN	JURY AT ORK?			CRIBE HOW II	NJURY OCC	URED		
	ВУ	1 Netural 5 Pending 2 Accident Investigation	n			М		YES 2	NO						
ISIO ITTENDII ITTENDII ITTENDII Affer de affer de 28 is I	G	3 Suicide 8 Could not 4 Homicide determined	bullding,	etc. (Spe	Y — At home, far ecify)	m, street, fa	ctory, affli	Ca		28f. LOC City	ATION (Street a or Town, State)	and Number	or Rural Rou	le Number,	
DIVISION OR ATTENDING F DIRECTOR: After t hours after death item 28 is mar	E I	an operation V				111-		_							
로 걸 전 🏲	COMPLET		YSICIAN; To the best of												
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	00		NER: On the basis of a	xaminatk	on end/or investig	etion, in my	opinion,				end place, an	d due to the	Cause(s) a	nd manner as stated.	
로 보일 등	븲	296. SIGNATURE AND TOLE OF CERTA	TIER Mar	us	MI	)		29c. LIC	5 7	37	7	29d. DATE	SIGNED (M	onth, Day, Year)	
요요요물		//	Α					DU	9 (	- 1		- 1		1 /	

30. NAME A DDRESS OF PERSON WHO ON LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ru BEVET ICHEM TO D 10313

32. REGISTRAR'S SIGNATURE ha Davidson

DIVISION OF VITA! RECORDS

31. DATE FILED (Month, Day, Year)

2 1994

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Determined their \$100.

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San Paris	-	
	020	physician.
	<b>BALTIMORE, MARYLAND 21215-0020</b>	or attending
	$\Xi$	6
	S	hospital
	A	the
	=	3
	MAR	e 6 may be retained by the hospital
		28
	H	шау
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	Ξ	Page
	ALI	fter death. Page
	8	after
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
1	STATE
	REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEOENT'S NAME (First, Middle, Last)									OF DEATN			3. TIME OF DEATN
	Edith Waxler Kap	lan							HTHOM 7 LLL		1994	YEAR	2:45A m
	4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	OF BIRTH	1001	8. BIRTH	IPLACE (State or Foreign
	035-30-4340	1 ☐ M 2 🂢 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, 12—2	Day, Year) 25-190:	2	Rus	
	9s. FACILITY NAME (If not institution, give st						OR LOCATION	ON OF OE		33 130		NTY OF D	
۳ ا	Leisure Valley		Pocio		e, M	7				ntgor			
DIRECTOR	RESIDENCE OF DECEDENT		NOCK	<u> </u>	C, 11	u.			MO	irugui	HEL Y		
<b>₩</b>	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Md. Montg	omery		Rockville					1 (				1 TY YES 2 NO
A	10e. STREET AND NUMBER		10f. ZIP CODE						10g. CITIZE			ZEN OF WHAT COUNTRY?	
E	14904 Rocking Spri			2	0853				U:	SA			
FUNERAL	11. MARITAL STATUS	MED						? (Specify Yes	or No-	14. RACI	E — American Indian,		
BY						If yes, specify Cuban, Mexican, P  1 YES 2 NO Specify:							k, White, etc.
0	3 X Widowed 4 Divorced										White		
<u> </u>	15. OECEDENT'S EQUO (Specify only highest grade	/G/	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					18b.	KIND OF BUS	INESS/IN	DUSTRY		
Ш	Elementary/Secondary (0-12)	e. Do NOT use retired.)											
COMPLETE		Но	usew	ife					m Home				
응	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S NAME (First, Middle, Meider					fiddle, Maiden	Surname)				
出	Louis Waxler						<u>iven</u>						
2	19a. INFORMANT'S NAME (Type/Print)							er, City or Town					
	Sandy Broadman			4904 Rocking Spring Dr.					-				
- 1	1 N Burlet 2 Cremation 3 Remo	cemetery, crei	AND DATE OF DISPOSITION (Name of rematory or other place)					DATE 20c. LOCATION — City or Town, State				595	
	4 Donation 5 Other (Specify)  21. SIGNATURE Of PANERAL SERVICE LIC	Sharo	n Me			ark	00.05.51	17-1	7 Sha	ron,	Mass	5.	
		O								cal Di	roct	ion	
	oset	Mosen			1	091	Rock	vill	e Pik	ce, Ro	ckvi	lle,	Md. 20852
	23. PART I. Enter the diseases, or c shock, or heert failure. I	omplications that of	coused the de	ath. Do r	not enter	the mo	de of dy	ing, aucl	h aa cerdi	iec or reapl	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final				•	٨	1	- 1					Interval Between Onset and Death
	disease or condition resulting in death)	ef	1 Ve	M	ncen	lan	+	arl	we				runus,
		DUE TO O	R AS A CONSEC	VENCE O	F):		-0						
z l	Sequentially list conditions,	, 1	1/20	Mu	non								Kaks
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUÉ TO (O	RAS A CONSEC	DUENCE O	F):								0
े	CAUSE (Disease or Injury	h	R AS A CONSEC	NIENAE B									
Ē	that initiated eventa resulting in death) LAST	552 70 (0	H AS A CONSEC	DOENCE D	r y.								i
		ł											
CAL	PART il. Other significent condition	a contributing to de	eath but not re	esuiting	In the ur	nderlyin	g cause (	given In	Part i.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
걸									_	1 YES 2	. /		COMPLETION OF CAUSE OF DEATH?
M													1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATN (Ch	eck only one	)			
Š	1 TES 2 NO	1   Inpetient 2   E	R/Outpatient 3	□ DOA	4 Nur	R: Ising Nom	e 5 🗆 Re	sidence	6 M Other	(Specify) 6	Roug	, Ho	un
H	27. MANNER OF GEATH	26s. DATE OF IN (Month, Day,		28b. TIM	E OF IURY	28c. INJ	URY AT		28d. DE\$	CRIBE HOW IP	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2	NO					
ED					street, faci	tory, offic	•			ATION (Street a	nd Numbe	r or Rural I	Route Number,
-	4 Homicide determined							,					
COMPLET	29e, CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	y knowledge, de	ath occum	ed at the t	lime, date	and place	, and due	to the caus	se(s) and man	ner as sta	ted.	
N O	one) 2 MEDICAL EXAMINE												a) and manner as atated.
	29b. SIGNATURE AND TITLE OF GERTIFIER		,	i	1	,	29c, LICI	ENSE NUN	4BER		29d, DAT	E SIGNED	(Month, Day, Year)
B.	11/1	Clinai	16 Mg	AN!	BIR	woo		20	182	8	•	7/1	4194
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITER	M 27) (Type	Print) A	- 10		90	7			-//	// /
	MAX C FRAWI	K MD	747.	-n	itch	re b	hy.	Gl	en bi	unling	MC	2	1061
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		2,00									
	1111 7 11 1447	THE LOCAL OF THE PART AND A PART	TANK DATE OF THE PARTY.										



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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO	).				
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  A STIME OF DEATH MONTH DAY YEAR										
	ALBERT WILLIAM KNELLER	JULY 16, 1994			10:41	Рм				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. lest birthday)	7. DATE OF BIRTH		8. BIRTH	PLACE (State or	Foreign			
	112-14-7287 1 X M 2 F 69  9e. FACILITY NAME (If not institution, give street and number)	YRS.	MONTHS DAYS	HOURS MIN.	May 6, 1			York		
DIRECTOR	9805 Parkwood Drive		Bethes	or Location of DE	АТН		tgome			
E C	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CIT	ry	
	Maryland Montgomery	Ве	thesda					LIMITS?		
FUNERAL	9805 Parkwood Drive		101	20814	United			States		
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO						o- 14. RACE American Indian, Black, White, etc. Specify: White		
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATION		16b. KIND OF BU	SINESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Ilfe. Do NOT us	.,	st or working	Private	o Dro	otio			
ME	17. FATHER'S NAME (First, Middle, Last)	Physici	an		ME (First, Middle, Maider		CLIC	е		
BE CO	Howard Lee Kneller			Katheri			ith			
TO B	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn, State, Zip	Code)			
Ĕ	Robert William Kneller (Son)	4709	Edgefie]	d Road,	Bethesda,	MD :	2081	4		
		LACE AND DATE (	OF DISPOSITION (Ne	me of	DATE 20c. LOCATION — City or Town, State					
	4 □ Donation 5 □ Other (Specify) SU  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	burban	Cremato		7-19 Sil	ver S	prin	g, Mary	land	
	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910									
	23. FART. Enter the diseases, or complications that caused to ahock, or heart failure. List only one cause on each immediate CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A C	ot enter the mo	de of dying, such	h aa cardiac or reap	iratory arr	eat,	Approximatel			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
DICAL	PART II. Other algorificant conditions contributing to death but  DIS ENTRAMS CULAH  NULTIPLE CELEBRAC INC.		KUUAT		Part I. 24a. WAS AF PERFO	RMED?		WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2	R TO CAUSE	
2	The state of the s	True C	)					1 123 2	5,00	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ock only one)					
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpat	lent 3 🗆 DOA	OTHER: 4   Nursing Horr	e 5 XResidence	6 Other (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28b. TIM		RK?	28d. DEŞCRIBE HOW	INJURY OCC	URED			
ВУ	2 Accident Investigation 3 Suicide 6 Could act be 28e. PLACE OF INJURY —	- Al home, ferm, a			261, LOCATION (Street	and Number	or Rurel R	loute Number.		
TED	4 Homicide 6 Could not be building, etc. (Specify	)			City or Town, State	)			- 1	
COMPLET	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowled	ige, death occurre	ed at the time, date	and place, and due	to the cause(a) and me	nner as state	ed.			
MO	one) 2 MEDICAL EXAMINER: On the basis of examination a	nd/or investigation	n, in my opinion, d	eath occured at the	Ilme, date and place, a	nd due to the	e cause(a)	and manner ea	stated.	
BE	2/16. SIGNAY SE AND TITLE OF CERTIFIER  WAS ABLULOUS DIVELOUS	etral	Pacelon	29c. LICENSE NUM 0236	7S	29d. DATE	F SIGNED	(Month, Day, Year	r)	
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ROSSC WILLIAM TO THE ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF DEATH ROSS OF THE PERSON WHO COMPLETED CAUSE OF THE PERSON WHO CAUSE OF THE PERSON	(ITEM 27) Type,	CHINS O	ucolun	Ctr.	Beli	Inu	sno		
	31. DATE FILED (MONTH, Day, Year)  32. REGISTRAR'S SIGNATURE  Filia Davidson-Randale									

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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M	that
REC(	requires
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0 10	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after dea
5	DR
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FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

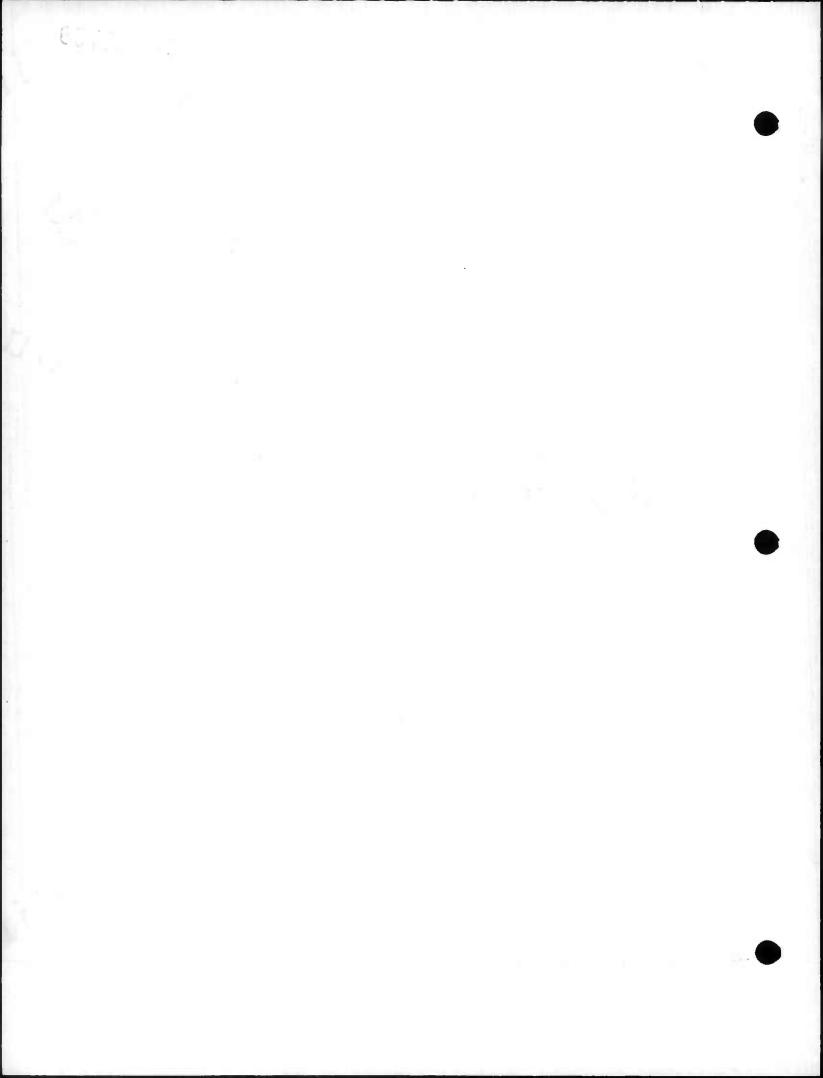
	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH	1									
	MARTHA SAARI KOVACIC JULY 17. 94 04:2	/) M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 0. BIRTHPLACE (State or Fore										
	MONTHS DAYS HOUSE MIN. (Month, Dey, Year) Country)	wgn									
	ridg. 10, 1710 miletilgan										
_	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF GEATH  9c. COUNTY OF DEATH										
OH	Shady Grove Adventist Hospital Rockville Montgomery										
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?										
Maryland Montgomery Gaithersburg 1 Description of the standard											
										EB	19310 Clubhouse Road Apt. 502 20879 USA
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14, RACE — American Indian,											
	3 ⅓ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☒ NO Specify: Specify:										
BY											
	15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY	_									
E	(Specify only highest grade completed) (Give kind of work done during most of working										
7	College (1-4 or 5+) Public Information										
Σ											
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)										
BE	Ivar Saari Edla Hurmerinta										
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)										
۲	Eric C. Kovacic 11209 Dewey Road Kensington, Maryland 20895										
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town States										
	M Buriel 2 Cremetion 3 Removal from State cametery, cremetory or other place)										
	4 Donetion 5 Other (Specify) Gate of Heaven 7/21/94 Silver Spring, Marylat  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	nd									
	Francis J. Collins Funeral Home, Inc.										
	Simothy &. Campbell 500 University Blvd., W. Sil. Spr., MD 2090	1									
	23. PART I. Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as certiac or readirectory errest.										
	anock, or heart feliure. List only one cause on each line.	tween									
	IMMEDIATE CAUSE (Fine) disease or condition										
	resulting in death) e. MYOCARDIAL INFARCTION BOUT	E									
	disease or condition resulting in death)  e. MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  ARTERIOSCLEROTIC CARBIONASCUNAN DISEASE INDE	-									
Z	Sequentially list conditions, THERIOSCLEROTIC PROJUNGSCULAR VISBASE INDE	7									
Ĕ	If any, leading to immediate										
2	cause, Enter UNDERLYING CAUSE (Disease or injury										
쁘	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST d										
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINI										
DICAL	7										
8	FRACTURED K+ HIZ  1 Fes 2 \( \text{NO} \)  OF CAUTHY  AMALABLE PRIOR TO COMPLETION OF CA OF DEATHY	USE									
W	1 D YES 2 DAG	0									
5	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO	-									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
2	EXAMMER? HOSPITAL: OTHER:										
ž l	nursing notice 5   Residence 8   Other (Speciny)										
	(Month, Day, Year) INJURY WORK?										
B	2 Paccident Investigation 7 14 94 H III 12 22 NO 1-BLL ON FLOOR										
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 196 42 CLUB HOUSE	P.									
	4 Homicide determined HOMB SMITHERSBURG MX	1									
COMPLETED	29e, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.										
Ξ	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) and menner ee star	thad									
8											
띪	296. SIGNATURE AND TITLE OF CERTIFIER  29d. DATE SIGNEO (Morith, Day, Year)										
2	* Mande Mugle 1007089 7 17 94										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE CEATH (ITEM 27) (Type, Print)										
	FRANCIS C MAYLE 10215 FORNWOODS RO BETHESDA MB20817 1106	ļ									
- 1											
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAD'S SIGNATURE	31. DATE FILED (Month, Day, Year)  32. REGISTRAD'S, SIGNATURE  Funa Day doon-Randable									

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MARY AND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician, by the funeral director, page 5 should be detached for use as the burish transmoval.	TO BE COMPLETED BY FUNERAL
DIVISION OF VITA! RECORDS P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnar transference be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burnar, cremation, or removal.	IMPURIANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  O'BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COM

1 - FOR REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTRAN		_		CE	HUFK	MIE	OF	DEA	111		HEG. NO.				
A LICE CASHELL KEECH  1. SOCIAL SIGNATUR MARKER  2. STATE AND STAT		1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE	OF DEATH	v	YEAR	3. TIME OF DEA	ATH
SOUR ECOUNTY NAMED   S. SEX		Alice Cashe	ell Kee	ech											T LANS	4:05	A M
Second Continued Continu		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (#	n yrs. last i				-		7. DATE	OF BIRTH		a. BIRTH	IPLACE (State or I	Foreign
NOTIFIED BY THE PART AND COMPANY OF DEATH OF DEA		217-14-3219		1 🗆 M 2 🖵 F	98	8	YRS.	ONTHS	DAYS	HOURS	MIN.			1896			
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To the second a   Duroneed   Peter Growth with on Duries   Peter Growth with with one of the Peter Growth with with with with with with with w	5		Merried	FORCES? 1	YES	2 X NO					vic ORIGII in, Puerto	Y? (Specify Yee Rican, etc.)	or No-	14. RACE Black	- American Ind c, White, etc.	llen,	
Sequentially list conditions and adapting a constituting in death List of Policy (and policy) and policy and p	à			IF YES, GIVE V	WAR OR DA	TES		1	_ YES	2 💢 NO	Specify	y:			Speci		
The Hazel Cashell Same of the Committee		15. DEC	EDENT'S EDUC	ATION		16a DECI	FRENT'S IN	I OC	CHIDATIC	M		100	KIND OF BUIL	INESC (IN	DISCTON	white	:
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Alice B. Grant    Disput   Dis		190. INFORMANT'S NAME (7	ypa/Print)			19b.	MAILING A	DDRESS	(Street e					_			
No. METICOD OF DISPOSITION   20 Among throm States   2 Committed   20 Committed	임	Alice B. G	rant													20054	
Burlat 2   Commentor 3   Commentor 2   Code   Cod					206.							-					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    MOO198   22. NAME AND ADDRESS OF FACILITY   ROBERT A. Pumphrey Funeral Home/Rockville   30.0 West Anntagonery Avenue   30.0 West Montagonery   30.0 West Montagon					ceme Ce	etery, crem	atory or othe	Man	1601	Allm	7/2	11/0/	- 1				
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or has it failure. List only one cause on asch line.    IMMEDIATE CAUSE (Final ideases or condition resulting in death)		21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	100	Juur	*****	_								_	
23. PART I. Entar thy diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hard failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  ASPIRATION PNEUMONIA  ASPIRATOR BOARD PNEUMONIA  ASPIRATOR BOAR		10.	14	n. 1		MOC	198	I KC	noer	T A.	Pum	phre	y Fune	ral	Home	/Rockvi	lle, Inc.
MMEDIATE CAUSE (Final disease or condition resulting in death)		22 BART Spley the		Tallandar the				l R	lock	VITT	e. M	arvi	and ?	ñã Sñ	-280	5	
Aspiration Pneumonia   3 days		anock, or haart fallure. List only one cause on each line.															
DUE TO (OR AS A CONSEQUENCE OF):  Cerebral Vascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  Cerebral Vascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  Cerebral Vascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE												d Death					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the under		resulting in death) Aspiration Pheumonia ! 3 days										ys					
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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO E  26. PLACE OF DEATH (Check only one)  27. WANNER?  1   VES 2   NO  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  21. MANNER OF DEATH  22. MANNER OF DEATH  23. DATE OF INJURY  23. DATE OF INJURY  23. DATE OF INJURY  24. DATE OF INJURY  25. WAS CASE REFERRED TO MEDICAL  25. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY AT WORK?  1   VES 2   NO  28. PLACE OF INJURY AT WORK?  29. DATE OF INJURY  29. DATE OF INJURY  29. CERTIFIER  (Check only one)  29. LOCATION (Street end Number or Rural Route Number, City or Town, Stelle)  29. CERTIFIER  (Check only one)  29. LOCATION (Street end Number or Rural Route Number, City or Town, Stelle)  29. DATE SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Thomas J. McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817-3571  31. DATE FILEO (Month, Dey, Year)  32. REGISTRAP'S SIGNATURE	ă												1 - YES 2	XXNO			CAUSE
M   1   YES 2   NO	≥															1 - YES 2 -	NO
Accident   Investigation   2   Accident   Suicide   8   Could not be determined   280. PLACE OF INJURY — At home, term, street, tectory, office   281. LOCATION (Street end Number or Bural Route Number, City or Town, Stete)   290. CERTIFIER   10 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.   290. SIGNATURELAND ATTLE OF CERTIFIER   290. LICENSE NUMBER   290. DATE SIGNED (Month, Day, Year)   290. SIGNATURELAND ATTLE OF CERTIFIER   290. LICENSE NUMBER   290. DATE SIGNED (Month, Day, Year)   30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILEO (Month, Day, Year)   32. REGISTRAR'S SIGNATURE	ž			ONTRIBUTE	TO (	CAUSE	OF I	DEATH									
M   1   YES 2   NO	<u>5</u>	EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		ACE OF D	EATH (Ch	eck only o	10)				
Accident   Investigation   2   Accident   3   Suicide   8   Could not be determined   280. PLACE OF INJURY — At home, term, street, tectory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   280. CERTIFIER   1   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.   290. SIGNATURELAND ATTLE OF CERTIFIER   290. LICENSE NUMBER   290. DATE SIGNED (Month, Day, Year)   290. DATE SIGNED (Month, Day, Year)   30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILEO (Month, Day, Year)   32. REGISTRAR'S SIGNATURE	ΥS			_			DOA 4	(X Nursi	ng Hom		esidence						
2   Accident   Investigation   28e. PLACE OF INJURY — At home, term, street, tectory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   28e. PLACE OF INJURY — At home, term, street, tectory, office   28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)   29e. CERTIFIER   17 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.   29e. LICENSE NUMBER   29e. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   29b. SIGNATURE AND ATTLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Year)   30. BAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   31. DATE FILEO (Month, Day, Year)   32. REGISTRAR'S SIGNATURE			Pending				28b, TIME (	ξĀ	WO	RK?		28d. DE	SCRIBE HOW II	JURY OC	CURED		I
4 Homicide determined building, etc. (Specify)  299. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND ATTLE OF CERTIFIER  29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Thomas J. McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817-3571  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	B	2 Accident		20- 01-005-0	P In Hame	41.5					_ NO				-		
296. CERTIFIER  (Check only  2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND ATTLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Thomas J. McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817-3571  31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	입			building,	etc. (Specia	— At nom	e, term, str	eet, tecto	ry, offici					nd Numbe	r or Rumi F	Route Number,	
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Thomas J. McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817-3571  31. DATE FILEO (Month, Day, Your)  32. REGISTRAR'S SIGNATURE	ᇦ	20a CERTIFIED			-				_								
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	릴	(Check paly															
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Thomas J. McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817-3571	_ / II	296. SIGNATURELAND TITLE	OF CERTIFIER	7						29c. LIC	ENSE NUN	48ER		29d. DAT	E SIGNED	(Month, Day, Year	)
Thomas J. McNamara, M.D. 5602 Shields Drive, Bethesda, Maryland 20817-3571	5	1100	Will	edie	,					D3:	2610			J	uly 1	9, 199	1
31. QATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		30. HAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEA	TH (ITEM	27) (Type, P	rint)									
					560	2 Sh	ields	s Dr.	ive	Be	thes	da, 1	Maryla	nd :	20817	7-3571	
JUL 2 1) 1994   guna wandoon-nandana		31. DATE FILEO (Month, Day,					2.00										
		JUL X	1) 1994	guna	MUHELO	m-Na	September 1										

DHMH-18 Rev 1/89



	1 - STATE OF MARYL REGISTRAR		MENT OF HE		IENTAL HYGIEN				
	DECEDENT'S NAME (First, Middle, Last)     HOWARD ANTHONY KING				2. DATE OF DEATH MONTH DA	NY Y	3. TIME OF DEATH		
		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	07 1 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
		214-07-0817   1X M 2   F   94 YRS. MONTHS DAYS HOURS MIN. JUNE 2 1							
DIRECTOR	LIONS MANOR NURSING HOME		CUMBEI	RLAND	DEATH  9c. COUNTY OF DEATH  ALLEGANY				
EC	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATIO	ON	10d, INSIDE CITY				
	MARYLAND ALLEGANY  10e. STREET AND NUMBER		LAVALI	E ZIP CODE		1 X YES 2 NO			
FUNERAL	6 ROGER WAY			21502	U S A				
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IP				C ORIGIN? (Specify Yes				
B⊀	1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DI		offy Cuben, Mexicen,	Puerto Rican, etc.)		Black, White, etc.  Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ISUAL OCCUPATION ork done during most retired.)	of working	ТЯУ					
PL	12 College (1-4 or 5+)	College (1-4 or 5+)							
Ö	17. FATHER'S NAME (First, Middle, Last)	Surname)							
BE (	HENRY KING	CATHER	INE PLA	NDING	3				
6	19e. INFORMANT'S NAME (Type/Print)  ANNA ROSE KING				ute Number, City or Town		ode)		
	20e. METHOD OF DISPOSITION 20b	. PLACE AND DATE OF		LAVALE	-		y or Town, State		
	1X Buriel 2 Cremation 3 Removal from State	etery, crematory or other	er plece)			1000	AND. MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FACI	LITY				
	· VougXos D Hat			R CHAPE	L OF THE AL HWY I		LS MORTUARY E. MD 21502		
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on e	the desth. Do no					t, Approximate		
	iMMEDIATE CAUSE (Final disease or condition	Fail	eero				interval Between Onset and Death		
	Sequentially list conditions, if sm, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  s. Value of action act								
Z	Samuel like led and like on the Cong	estive	Hear	1 / tile	rl				
AT I	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF)	f.	0- 1		.0.	da		
CERTIFICATION	CAUSE (Disease or Injury	CONSEQUENCE OF	oree	Aperci	novose	ixes	dellor		
E	resulting in desth) LAST	,							
	PART II. Other significant conditions contributing to death b	ut not requiting in							
CAL	TANK II. Other significant conditions contributing to death b	at not resulting in	the underlying	csuse given in P	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE		
					1	X) NO	OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH YE	S NO	×		TO TES ZONO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEATH (Chec	k only one)				
IXSI	1 VES 2 NO 1 Inputient 2 ER/Outp	atient 3 DOA	A .	5 🗆 Residence 6					
	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIME INJU	RY WOR		28d. DEŞCRIBE HOW II	NJURY OCCUR	RED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, stc. (Spec	— At home, ferm, str	reet, factory, office		281. LOCATION (Street e City or Town, Stete)	and Number or	Rural Route Number,		
	29e. CERTIFIER								
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the best of examinating						euse(e) end menner ee stated.		
C	29b. SIGNATURE AND TITLE OF CIPTURER			29c. LICENSE NUMB			IGNED (Month, Day, Year)		
TO B	Me In	2 1		D11443	3		-16-94		
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE		crint)			m 017	.02		
	31 DATE FILED (Month Day Year) 22 DEGISTRAD'S SIGN	ATURE	SETON I	JK., CUME	BERLAND, M	ш. 215	DUZ		
	III 9 0 1004 11. Awalson Rardal	4							
	(A) 1 1994 "   NOWERS								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

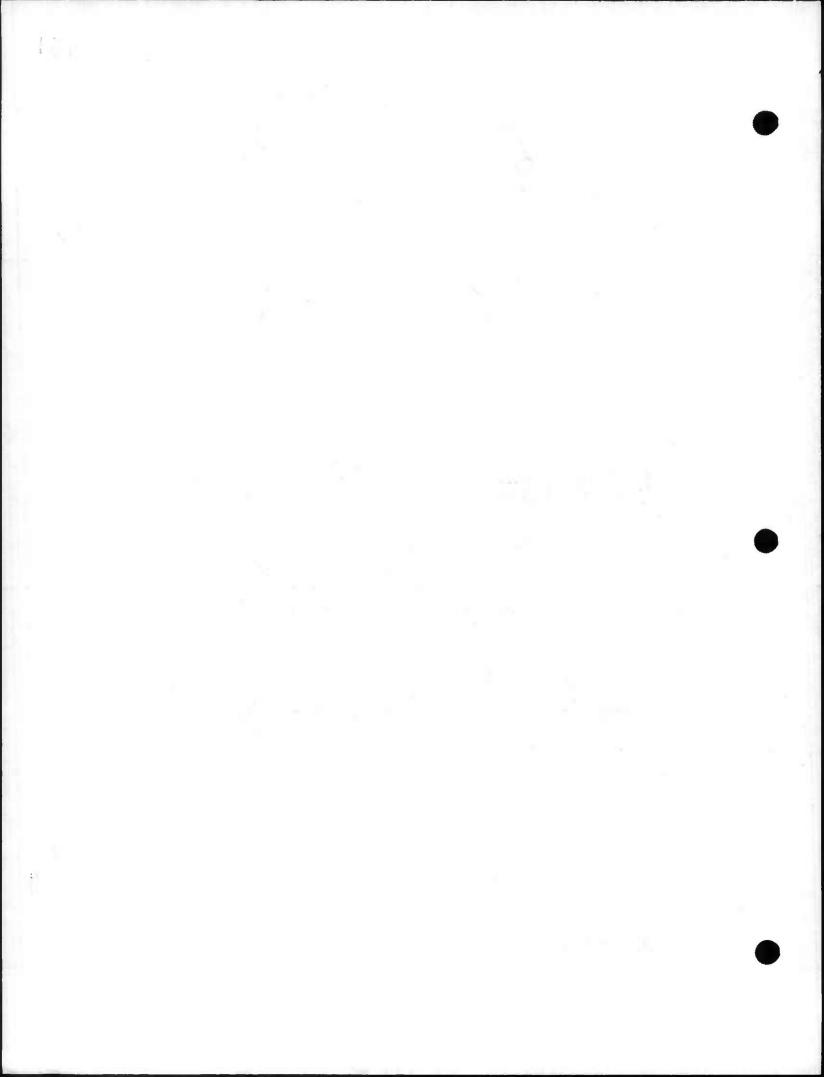
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		f item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicai examiner must be notified at once
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npletely	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
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	REGISTRAR		CE	RTIFI	CATE O	F	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			3. TIME OF DEATN
	ROBERT	WILLIAM			KNISL	ΕY				l', 1	994	04:30 Am
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest t	birthday)	IF UNDER 1 YEA	_	IF UNDER 24 H	IRS. 7.	DATE OF BIRTH			IPLACE (State or Foreign
	219 12 3717	1 X M 2 🗆 F	70	YRS.	MONTHS DAY	•	HOURS M	III.	INE 29 19	24	WES	T VIRGINIA
	9a. FACILITY NAME (If not Institution, give st		9h CITY TOW	9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT								
œ										9c. CO0		
임	SACRED HEART HOS		CUI	MBI	ERLANI	)			ALL	EGANY		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	CITY, TOWN OR LOCATION 10d. INSIDE C					10d. INSIDE CITY		
띩	MARYLAND ALLI	CE	CRESAPTOWN							LIMITS?		
	10e. STREET AND NUMBER	3011111								1 TYES 2 NO		
₹ I				101. ZIP CODE 21505						10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
FUNERAL	P.O.BOX# 5051										5.A.	
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E	YES 2 NO	ED	13. WAS D	ECEN	INDENT OF HI	ISPANIC (	ORIGIN? (Specify Ye	or No-		E — American Indien, k, White, etc.
<u>M</u>	3 Wildowed 4 Divorced	U.S.NAVY	OR DATES				NO S		oono meat, ate.)		Speci	
			MMII									WIIIIE
回	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECI	EDENT'S L	DSUAL OCCUPY ork done during retired.)	mosi	of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)										
COMPLETED	12		_ C &	P TE	LEPHON	E	co.		TELER	HONE		
ᅙᆡ	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'	'S NAME	(First, Middle, Maiden	Sumame)		
ш	PAUL EDWARD KNISI	LEY					ANNA	E.	FOX			
m	19e. INFORMANT'S NAME (Type/Print)		196.	MAILING .	ADDRESS (Stre	et end	Number or R	Rural Route	e Number, City or Tov	n, State, Zi	Code)	
임	JANET KNISLEY		Р.	0.BC	X#5051	C	RESAP	MOT	N, MARYLA	ND	2150.	5
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remo		20b. PLACE AN	ID DATE O	F DISPOSITION	(Name	e of		DATE 20c. LC	CATION —	City or To	nwn State
	Burlel 2 Cremetion 3 Remo	oval from State	cemetery crem	atory or oth	CEMETE	RY	Y.IIII.Y	23	1994 LAV	ALE	MARY	LAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11202		_					_		
	A ON	SH			MERE	RIT	T-ADA	MST	TUNERAL H	IOME		
	Nale X. 1/4	enux			404	DE	CATUR	STE	REET CUMI	BERLA	ND M	ARYLAND
	23. PART I. Enter the diseases, or c	omplications that ca	used the deal	th. Do n	ot anter the	mode	of dying,	auch as	s cardiac or resp	Iratory ar	reat,	Approximate
- 1	anock, or haart failura. List only one cause on each line.											
	disease or condition Roham San San San San											
	reaulting in death)	DUE TO (OB	AS A CONSEQU	ENCE OF								
_	- Toleshalli Delines											
ó	Sequentially list conditions,  Due to (OR AS A CONSCOUENCE OF):  Due to (OR AS A CONSCOUENCE OF):											
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING	Phase		To	D	1	16.00	101	1.			
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQU	JENCE OF	:				~			
Ē	resulting in death) LAST											į l
		1										1
	PART II. Other eignificant conditions	contributing to da	ath but not res	sulting I	tha undarly	ring (	cause give	n In Par			24b	WERE AUTOPSY FINDINGS
<u> </u>	Puluoung	Hy Ley Leur	See						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	700 /	11							1 TYES	NO		OF DEATH?
Σ		/emto			D. D. A. E. L.			10 1				1 TES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO USE C	ONIKIBUTE T	O CAUSE	: OF	DEATH	YES	2 1	40 D				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLAC	CE OF DEATH	H (Check	only one)			
Z Z	1 D YES 2 NO	1 Inpatient 2 EF	/Outpatient 3	DOA		ome	5 🗆 Raside	ince 8	Other (Specify)			
ᇤ	27. MANNER OF DEATN	28e. DATE OF INJ (Month, Day,	URY (bar)	28b. TIME INJU	OF 28c.	NJUF	RY AT	28	d. DESCRIBE NOW	NJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation						S 2 NO	٥				
	3 Suicide 8 Could not be	28e. PLACE OF IN building, atc.	JURY At home	e, farm, si	raet, fectory, o	ffice		28	I. LOCATION (Street City or Town, State	end Numbe	r or Rural F	Route Number,
2	4 Nomicide determined		(00000))						City or lown, State			
	290. CERTIFIER (Check only	TAN: To the heat of my	knowledge deet	h 0000	d od dho dimo o	-1		4 4		=10=00=	377	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											. 625-24-1-1-1-1
양비				voatry attor	, it thy opinion	,	. Occorde a	or time time	e, data and place, e	id due to t	ue cansele	ny and manner ee states.
9	296. SIGNATURE AND TITLE OF SERTIFIER	11				1 .	29c. LICENSE		Я	29d. DAT	E SIGNED	(Month, Day, Year)
2	W/Ve	MO	FA	701			7-136	01			1/2	1/94
-	30. NAME AND ADDRESS OF PERSON WHO		-		Print)						1	
H	VIR. FELI	PA MD	FA	CP								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
	7,00U/42/1994	taria asamara	-MUNCHAN									
	1 1 1											(American Sec. 107)



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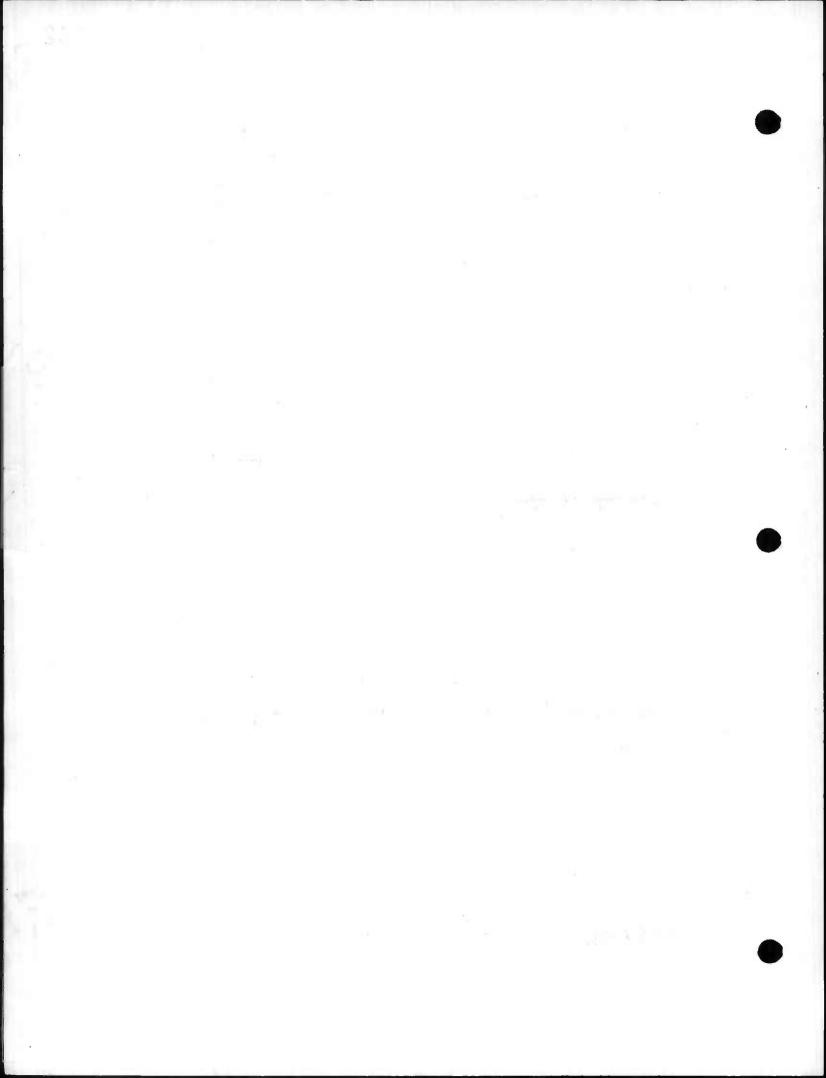
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death, Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	RUTH MARGARET KERR					07 21	YEAR 94	6:10 P M	
	185 30 3956	1 🗆 M 2 😾 F	yrs. lest birthdey) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 15, 1	908 WES	PLACE (State or Foreign TV IRGINIA	
~	9a. FACILITY NAME (If not institution, give stre			96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF DEATH		
DIRECTOR	SACRED HEART HOSP	ITAL		CUMBERLAND			ALLEGANY		
IRE	10a. STATE 10b. COUNTY		1000	Y, TOWN OR LOC			100		
	MARYLAND ALLE  100. STREET AND NUMBER	GANY		UMBERL	AND of, ZIP CODE		1 (X) YES 2 NO		
FUNERAL	1815 FREDERICK	STREET			21502	U.S.A.			
NO.	11. MARITAL STATUS	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO			CENDENT OF HISPA	NIC ORIGIN? (Specify Year			
ВУ	3 Widowed 4 Divorced	ES		S 2 NO Specif		Spec			
TED	15. DECEDENT'S EDUCA (Specify only highest grade of	(Give kind of	USUAL OCCUPAT	TION nost of working	16b. KIND OF BUSI	NESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)		Of use retired.)				100		
WO	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	HOME  ME (First, Middle, Malden S	Surname)					
BE C	GEORGE W. KERR	MARY	ELIZABETH	BITTN	ER				
10	JOHN M. ROBB,	JR.				Aoute Number, City or Town. CUMBERLA		21502	
	20e. METHOD OF DISPOSITION  1 % Burlel 2 Cremetion 3 Remov	al from State cemete	ery, crematory or o	OF DISPOSITION (I		1/ / .	ATION — CHY OF TO		
1	21. SIGNATURE OF FUNERAL SERVICE LICE		EENMOU		AND ADDRESS OF FA	CILITY			
	Stender D.	Turchurch		GEOR	GE-UPCH GREENE	URCH FUNE	RAL HOM	MD 21502	
	23. PART I. Enter the diseases, or co shock, or haert failure. Li	mplications that caused to st only one cause on asc	he deeth. Do r	not enter the m	ode of dying, suc	ch as cardiac or respir	alory arrest,	Approximate Interval Batween	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)		monre					Onset and Death	
N N	Sequentially list conditions,  D. Diff To (OR AS A CONSCIURNOS OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE O	F):				1	
DE I	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	F):					
H	resulting in death) LAST								
귛	PART II. Other significant conditions	contributing to death but	not resulting	In the underlyi	ng cause given in	Part I. 24s. WAS AN A		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDIC	Cashointel	mal 3/8/101	1 1/1	rtal I	builla We	1 - YES 2		COMPLETION OF CAUSE OF DEATH?	
M	DID TOBACCO USE CO	ONTRIBUTE TO C	ALISE OF	DEATH Y	/ES [] NO			1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	DIVINIBULE TO C.	AUSE OF		YES NO				
PHYSICIAN:		HOSPITAL:	lent 3 DOA	OTHER:	me 5 - Residence				
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY V	IJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
ВУ	2 Accident Investigation	28a. PLACE OF INJURY —	- At home, farm,		YES 2 NO	281. LOCATION (Street or	orl Number or Burel	South Number	
ETEC	4 Homicide 8 Could not be	building, atc. (Specify	)			28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)			
COMPLETED		AN: To the best of my knowled On the basis of examination a							
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU		29d. DATE SIGNED		
TO BE	18 Kh	V 61/	40		0 4 1	35/35	▶ 7/2	Z/8/	
	30. NAME AND ADDRESS OF PERSON WHO	1 Change	MD	917 S	Ston De	Cumber	Mand	ass	
	"JU["2"2"1994	82. REGISTRARY SIGNAT	URE						



BALTIMORE, MARYLAND	thin urs after death. Page 6 may be retained by the hos	itel ("lied in by the funeral director, page 5 should be detach man, or removal.	it, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Miled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creman. Or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is ma	

	1 - FOR STATE OF M	ARYLAND / DEPARTMI	ENT OF HEALTH AND	MENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)  Martha J. Kin			2. DATE OF DEATH MONTH DAY	A PERMIT	3. TIME OF DEATH 945/PM		
	225=20=6736 1 □ M 2 💁 F	105 YRS. MONT	NOTER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) Apr. 20, 18	889 BIF	THPLACE (State or Foreign untry) Virginia		
IOR	9e. FACILITY NAME (H not institution, give street and number)  Meridian Nursing Ctr.— Ca	EATH	9c. COUNTY OF DEATH City					
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY  Md. Baltimore	10c. CITY, TO	wn or Location Owings Mill	8		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ERAL	100. STREET AND NUMBER 156 South Ritters Lan	ne	101. ZIP CODE 21117		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1  Never Merried 2  Merried  FORCES? 1 3  Widowed 4  Divorced	EVER IN U.S. ARMED YES 2 ANO AR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puerto Rican, atc.)	B(	ACE — American Indian, ack, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	We Do NOT use nette	done during most of working red.)	g most of working				
BE COME	17. FATHER'S NAME (First, Middle, Last) Robert Thomas		IS. MOTHER'S N.	ME (First, Middle, Maiden : ennie Minor	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural					
	Dallas Dix		th Ritters La		Mills,			
	2qa METHOD OF DISPOSITION  1 A Burlal 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)	Lorraine	Park Cem. Ju	ly 28, 199	+ Woodl	awn, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF F. Eckhardt F	uneral Char	el	21117 ngs Mills, Md		
	23. PART I. Enter the diseases, or complications that shock, or haert fellura. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  DUE TO	se on sech line.	liae dear		ratory arrest,	Approximate Interval Between Onset and Death MID U		
CERTIFICATION	If sny, leading to immediata csuse. Enter UNDERLYING CAUSE (Disease or Johns	(OR AS A CONSEQUENCE OF):						
CER	d							
PHYSICIAN: MEDICAL	Dementa, Parkinsens  SIP Left AKA	death but not resulting in th	e underlying cause given in	Part I. 24a. WAS AN PERFOR	MED3	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)				
YSIG	1 YES 2 NO 1 inpatient 2	ER/Outpatient 3 DOA 4 D	HER: Nursing Home 5 - Realdence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 6 Pending	INJURY sy, Year) 28b. TIME OF INJURY	26c. INJURY AT WORK?  M 1  YES 2 NO	26d. DEŞCRIBE HOW II	NJURY OCCURED			
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE Of building, of	F INJURY At home, farm, street etc. (Specify)		26f. LOCATION (Street a City or Town, State)	and Number or Rur	ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of 2 MEDICAL EXAMINER: On the best of ax					se(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  SHOW II. WILLIAM M.D.		290 LICENSE NO	MBER B 6 /	29d. DATE SIGNED (Month, Day, Year)  7-25-94			
	Bruce R. Maury	SE OF DEATH (ITEM 27) (Type, Print		ce lone	Bal	to, MDZIZZY		
	JUL 25 1994 Juli 29	weight though						



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TO BE COMPLETED BY FUNERAL DIRECTOR

LANEWARK

1 - STATE REGISTRAR	I.	CERTIF	ICATE O	F DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH		3. TIME OF DEATN
ROSEMARI	E	KLUCIK			JULY I	8 9	4 11:34 A M
4. SOCIAL SECURITY NUMBER	7	. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	0. BH	RTHPLACE (State or Foreign
198-20-6482	1 □ M 2 <del>\\\</del> F	66 YRS.	MONTHS DAYS	HOORS MIN.	JULY 28, 1	927 PF	UNISYLVANIA
9e. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF DE	HTA	9c. COUNTY O	The Part of the Pa
PRINCE CENT	PCF'S HOSPI	ΤΔΙ	CHEV	ERLY		PRINCE	GEORGE'S
10a. STATE 10b. COU			Y, TOWN OR LOC	ATION			10d, INSIDE CITY
			PALMER				LIMITS?
MARYLAND PRII	NCE GEORGE'	5		PARA IOI. ZIP CODE		10- CITIZEN O	1XXYES 2 NO
0200 ATTENTO	ATE MEDDAGE	1		20785			WHAI COUNTRY?
8208 ALLEND	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS D		IIC ORIGIN? (Specify Yes	USA	ACE — American Indian,
1 Never Married 2 Merried	FORCES? 1	YES ZYNO	If yes,	specify Cuben, Mexica	n, Puerto Rican, atc.)	8	lack, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: Specify: Specify: BLACK							
15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S	USUAL OCCUPATION OF THE PROPERTY OF THE PROPER	TION	16b. KIND OF BUS	SINESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	nost or working			
10th		HOUS	EWIFE		OWN	HOME	
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
ROBERT F. GO	OAS			ELI	ZABETH SWE	ENY	
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
JOHN KLUCIK		8208	ALLEND	ALE TERRA	CE PALMER	PARK, M	ARYLAND
20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 1/11/18	emoval from State	20b. PLACE AND DATE of cometery, cremetery or of	OF DISPOSITION /			CATION City or	
4 Donation 5 Other (Specify)		RICHLANI		ERY	7-22 JO	HNSTOWN	PENNSYLVANIA
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	)		AND AGORESS OF FA		3.T 1103.E	
- Juaway	ud. K	ractor	_				ARYLAND20785
23. PART I. Enter the diseases, o	or complications that o	sugged the death Do					
ahock, Dr heart fallure. List only/one ceuse on each line.							
IMMEDIATE CAUSE (Fine)	re. List only one ceuse	on each line.	A steel the n	node of dying, suc	h aa cerdiac or respi	ratory arrest,	Approximate interval Between Onset and Death
iMMEDIATE CAUSE (Finel disease or condition	re. List only one ceuse	on each line.	Averal	node of dying, suc	h aa cerdlac or respi	ratory arrest,	interval Between
IMMEDIATE CAUSE (Finei	a. List only one ceuse  a. Due To (o	on each line.	Avust	node of dying, suc	h aa cerdiac or respi	ratory arrest,	interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Lest only one couse  a. Dule TO (0)  b. Cangn	on each line.  A Lary F  RAS A CONSEQUENCE OF	frust frust + fai	fun	h aa cerdiac or respi	ratory arrest,	interval Between
iMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	a. Due TO (0	on each line.  R AS A CONSEQUENCE OF R AS A	Inus!	hode of dying, suc			Interval Between Onset and Death  Aay  La yeay
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Let only one couse  a. Lenting  DUE TO (0  c. Carri	a Lay F RAS A CONSTIDUENCE O	Inus!	hun co			Interval Between Onset and Death  Aay  La yeay
iMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Let only one ceuee  a. DUE TO (0  c. CAUCO  DUE TO (0	a Lay F RAS A CONSTIDUENCE O	Inus!	fun			Interval Between Onset and Death  Aay  La yeay
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IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions of the condition of the condition of the condition of the cause of the condition of the	a. DUE TO (O  b. CASM OUE TO (O  c. CASM DUE TO (O  d. DUE	RAS A CONSEQUENCE OF AS A	F DEATH  26.  OTHER: 4   Nursing He BE OF 28c. If JURY M 1   street, factory, offed at the time, de	TES NC PLACE OF DEATN (Ch TORK?  YES 2 NO The end place, end due death occured at the	Part I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  2ed. DESCRIBE NOW I  2et. LOCATION (Street City or Town, Stele)  to the cause(e) end mai time, date end place, en	AUTOPSY MED?  NJURY OCCURED  and Number or Rull  ther as stated.	Interval Between Onset and Death  A your  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
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IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions of the condition of the condition of the condition of the cause of the condition of the	a. DUE TO (O  b. CASM OUE TO (O  c. CALC DUE TO (O  d. DUE	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	F DEATH  26. OTHER: M 1   26. If JURY M 1   1   1   1   1   1   1   1   1   1	TES NC PLACE OF DEATN (Ch TORK?  YES 2 NO The end place, end due death occured at the	Part I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify)  2ed. DESCRIBE NOW I  2et. LOCATION (Street City or Town, Stele)  to the cause(e) end mai time, date end place, en	AUTOPSY MED?  NJURY OCCURED  and Number or Rull  ther as stated.	Interval Between Onset and Death  A your  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO

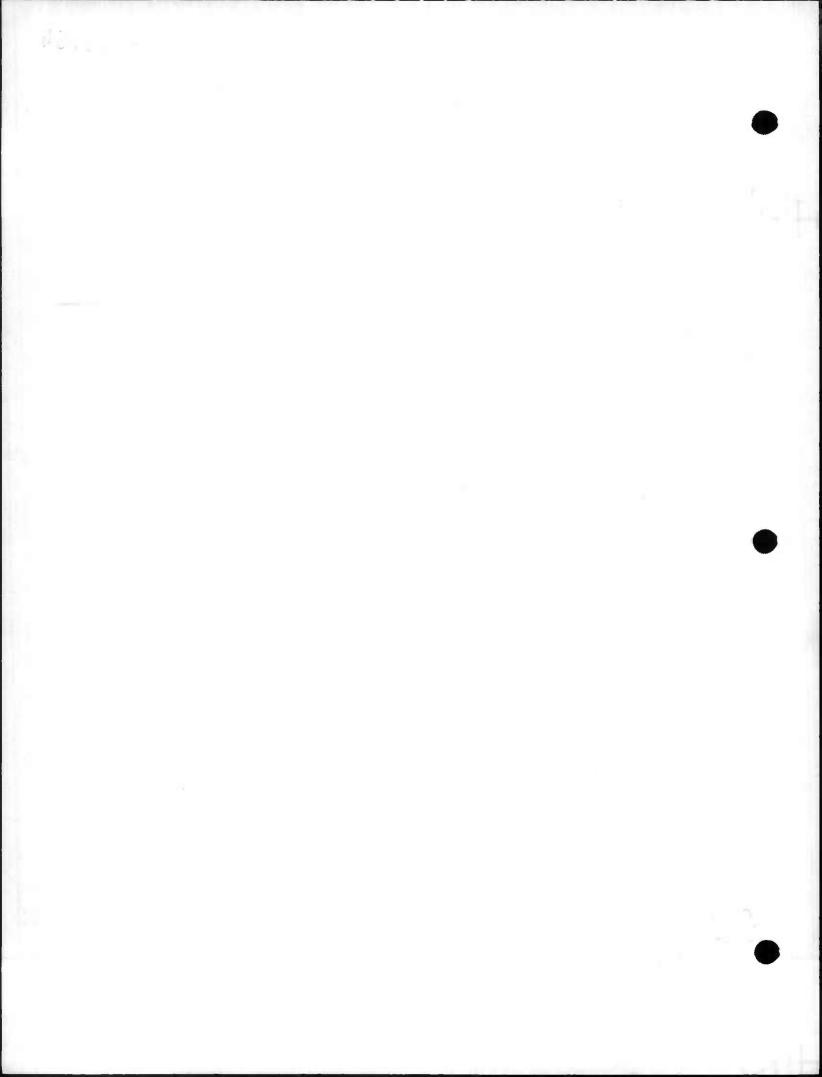
32. REGISTRAR'S SIGNATURE

Par 2 2

1994

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

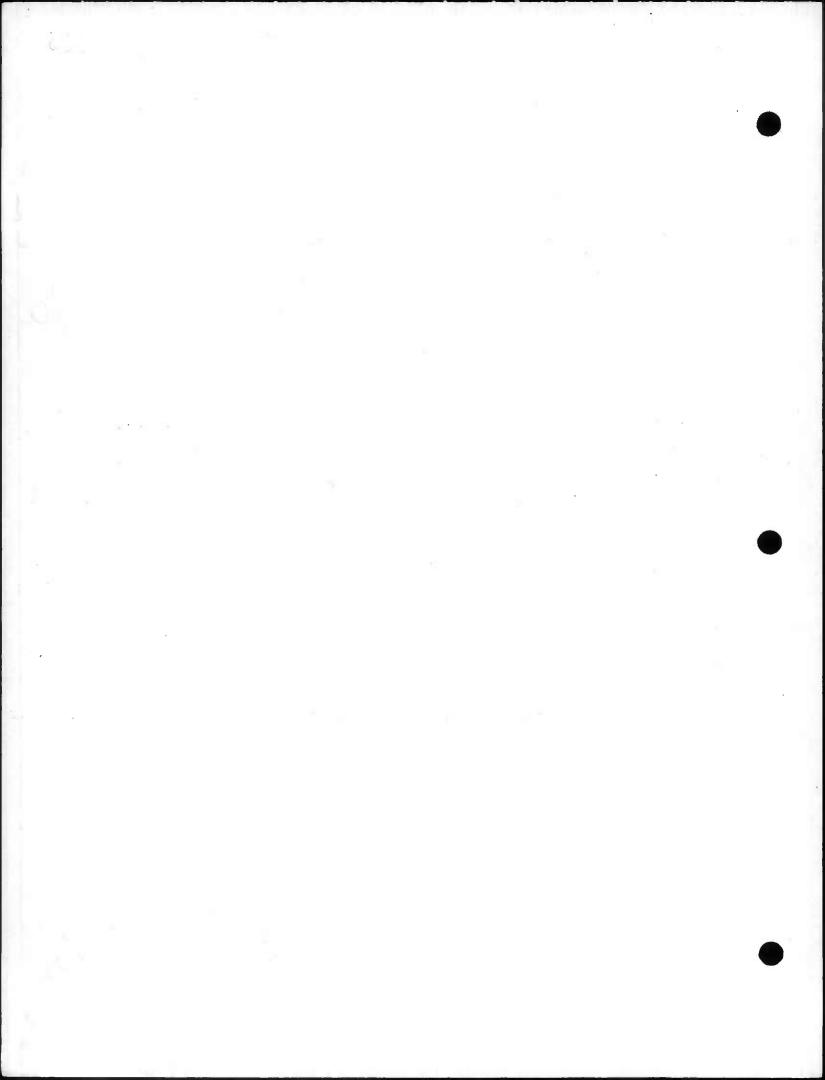


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uires that	signed by	Health an	ws any
e law req	has been	Dept. of	1 23 sho
ICIAN: Th	certificate	the State	, or item
ING PHYS	ofter this o	eath with	marked
ATTEND	RECTOR: A	irs after d	m 28 is
SPITAL OF	ERAL DIF	in 72 hou	IT: If ites
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z hours after death. Page 6 may be retained by the hospital or attending p	/ TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
E	12	2	=

FOR

	1 - STATE REGISTRAR	OIAIL OF I	CE	RTIF	ICATE	OF	DEATH	MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF DEATH
	Helen	(NI	MI)		Kuche	era		Ju.		AY 1	994	4:55 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. las	t birthday)	IF UNDER	-	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	276-20-4857	1 🗌 M 2 🖄 F	85	YRS.	MONTHS	DAYS	HOURS MIN.	Ma	y 18,	1909	Per	msylvania
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY,	TOWN 0	R LOCATION OF		,,		NTY OF D	
8	Mariner Health Car	e of Gre	ater Lau	rel	Lau	rel				Pri	nce	George's
ᇈᅵ	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNT)	,										
<u></u>	Transfer Land		f -		Y, TOWN O							10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	ce George	2 S	MI	tche1		TIE			I Wall on the		1 TYES 2 NO
FUNERAL DIRECTOR	12001 Pleasant Pro	canaat					20721			1		WHAT COUNTRY?
"\"	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S AR	MED	12.4		ENDENT OF HISP	ANIC ODIC	IND (Personal Me		S.A.	
BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X N	Ю	1	yea, spe	elfy Cuban, Maxie 2 NO Spec	can, Puerto	Rican, atc.)	e or No-	Spec	E — American Indian, k, Whita, atc. #y: White
	15. DECEDENT'S EDUK		16s. DE	CEDENT'S	USUAL OC	CUPATIO	N	16	b. KIND OF BU	SINESS/IN	DUSTRY	WILLE
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi life.	ive kind of Do NOT u	work done a se retired.)	furing mos	st of working					
AP.	8			mema	ker				Own Ho	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Malden	Surname)		
BE (	John Miklu:	schak					Kath	eryn		Ma	tvey	
0	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rure				,	
	Marcia E. Porterf:		1	2001	Plea	san	t Prospe	ect,	Mitche	llvi	lle,	MD 20721
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rame	oval from State	20b. PLACE A cemetery, cres	MALORY OF	of DISPOSI	TION (Na	me of	DA	TE 20c. LC	CATION -	City or To	own, Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	YENDEE.	Holy	Spi			ery 7/		4 Par	ma, (	Ohio	
	N.B.A				Fr	anc	is Gascl	n's S				me, P.A. , MD 20781
	23. PART I. Entar the diseases, or o	complications the	t caused tha da	ath. Do	not antar	tha mod	da of dying, au	ch aa ca	rdiec or reap	iratory ar	reat.	Approximate
	ahock, or haart failure.	Liat only one cau	se on aach iine									interval Between Onset and Death
	disease or condition	_	(-41	100								-10
	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE O	F):		-					147/
Z	On a constant of the same also	L	OR AS A CONSEC	- (	01	cer	_					years
CERTIFICATION	Sequanticity list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							/
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C	(OR AS A CONSEC									
Ē	that initiated events resulting in death) LAST	DOE TO	(OH AS A CORSEC	JUENCE U	n):							
E		d										-
	PART II. Other aignificent condition	a contributing to	daeth but not r	asulting	in the un	derlying	ceuse given i	n Part i.	24s. WAS AN		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1 TYES			COMPLETION OF CAUSE OF DEATH?
W												1 TYES 2 NO
	DID TOBACCO USE O	CONTRIBUTE	TO CAUS	SE OF	DEAT	ΉY	ES   NO	0 🗆				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	071155		ACE OF DEATH (C	check only o	one)			
YSI	1 TYES 2 TNO	1   Inpatiant 2	ER/Outpetlant 3	□ DOA	OTHER 4 Nurs		5 🗆 Rasidence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIN	IE OF JURY	28c. INJU		28d. DE	SCRIBE HOW	NJURY OC	CURED	
A	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At horate, (Specify)	ma, tarm,	street, facto	ory, offica			CATION (Street or Town, State)		r or Rural I	Route Number,
ETE												
COMPL	29a. CERTIFIER 1 Check only 1 CERTIFYING PHYSI											
Š	one) 2 MEDICAL EXAMINE	R: On the beals of a	camination and/or I	nvestigatio	on, in my o	pinion, de	eath occured at th	e time, dat	a and placa, ar	nd due to ti	ne cause(i	s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NO	JMBER		29d. DAT	E SIGNED	(Month, Day, Year)
	111			_ /	70		1042	176	>	<b>&gt;</b>	7/1	8/97
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	SE OF DEATH (ITE	<b>4 27)</b> (Type	, Print)				1		1	10200
	Chi? W	anin	140	83	17 <	して	(m)	1	- 6	JId	2 1	402000
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	Pande	82		,					
!	JUL 2 0 1994	a de la constante de la consta	10.00 (.000.)									2



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	ital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d for use as the burial-transit
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE C	F DEATH	REG	. NO.			
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEA	TH		3. TIME OF DEA	ТН
Cornelia		Kitrel	1		July	DAY	994		D I
4. SOCIAL SECURITY NUMBER	5. SEX 6. /		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRT			12:00 HPLACE (State or F	_
223-03-0177	1 🗆 M 2 💢 F		ONTHS DAY		Jan. 15	bar)	Coun		
9e. FACILITY NAME (If not institution, give	street end number)		b. CITY, TOW	N OR LOCATION OF D			UNTY OF		
1225 Van Buren D RESIDENCE OF DECEDENT 100. STATE 100. COUN Maryland Prin	rive		Fort	Washington	1	Pri	nce (	George's	
10e. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CIT	,
Maryland Prin	ce George's	Fort	Wash	ington				LIMITS?	NO
10. STREET AND NUMBER  1225 Van Buren D  11. MARITAL STATUS				101. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
1225 Van Buren D	rive			20744		1	U.S.	of A.	
11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Spec	ify Yes or No-	14. BAC	CE — American Indi	en,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR			specify Cuben, Mexica /ES 2 X NO Specif		tc.)	Spec		
		16a. DECEDENT'S U	SUAL OCCUP	ATION	16b, KINO C	OF BUSINESS/III	HOUSTRY	DIACK	
(Specify only highest grad			rk done durina	most of working	100000000000000000000000000000000000000	Island		lrood	
4	College (1-4 or 5 +)	Matron S	hinoxi	icox	ROCK	TSTANO	Ral.	Lroad	
15. DECEDENT'S EO (Specify only highest grace)  Elementary/Secondary (0-12)  4  17. FATHER'S NAME (First, Middle, Last)		Matron S	uper v		ME (First, Middle, N	Inician Communi	-		
				1.0-1.0-0.00					
19a INFORMANT'S NAME (Time/Print)		10h MAII ING A	DDDECS (Com	et end Number or Rural	Winbus				
2		I							
Constance Brown	-	1 1225 V	an Bu	ren Dr. F	Washi	ngton,	Mary	vland 20	/44
1 Burial 2 Cremation 3 Res	moval from State	20b. PLACE AND DATE OF cemetery, crematory or other							
21. SIGNATURE OP DUNERAL SERVICE L	ICENSEE	Washington	Natio	onal Cem.	1994 IS	uitland	d, Ma	aryland	
II. SIGNATURE SERVICE	0 1-0		22. NAME	AND ADDRESS OF FA	Lee F	uneral	Home	e, Inc.	
1 Sent	Sarlos S		6633	Old Alexa	ander Fe	rry Rd.	.,Cli	inton, Md	•
iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (or b. Orferic	AS A CONSEQUENCE OF:						Intarval B Onset and	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in death) LAST	cDUE TO (OR	AS A CONSEQUENCE OF):							
D A	ens contributing to des		the underl	ying cause given in	PI	AS AN AUTOPSY ERFORMED? (ES 2 NO	Y 24	b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO
7/2 7024 702 1107		O CAUSE OF I	DEATH	YES T NO				1 123 2	
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch					
DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DIVES 2   NO  27. MANNER OF DEATH	HOSPITAL:		OTHER:			La)			
27. MANNER OF DEATH	28e. DATE OF INJU			INJURY AT	6 U Other (Specification 28d, DESCRIBE I		CCUPEN		
	(Month, Day, Ye		RY	WORK?	Lvo. Degonide i		OUVHED		
Accident Investigation  3 Suicide & Could not be	28e. PLACE OF IN.	JURY — At home, ferm, str			28f. LOCATION (S	Street and Numb	or or fluent	Route Number	
☐ 4 ☐ Homicide determined	building, atc.	(Specify)			City or Town,		ar we could		
	SICIAN: To the best of my I								
MEDICAL EXAMIN	IER: On the basis of examin	nation end/or investigation,	In my opinio	n, death occured at the	time, date end pla	ice, and due to	the couse(	(s) and manner ea s	stated.
296. SIGNATURE AND TITES OF CERTIFI	ER			29c. LICENSE NUI		29d. DA	TE SIGNE	D (Month, Day, Year)	
lun L lun				17/1	62		7/13/	19 y	
30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, P	rint)				1		
Linda Whitby, M.I	9556 Cra	ain Highway	. Unne	er Marlbor	o. Mary	land 2	20772	2-5424	
31. DATE FILED (Month, Day, Year)		SIGNATURE Pande			V. LELLY.		-0116	7167	

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
- 1	Marie Helen	Kulige	owski	July 14,	1994 YEAR	11:38 P M
			F UNDER 1 YEAR   IF UNDER 24			THPLACE (State or Foreign
		Mr.		MIN. (Month, Day, Year)	Cou	ntry)
		3		8-7-25		nnsylvania
	9e. FACILITY NAME (ff not institution, give street end number)		b. CITY, TOWN OR LOCATION		9c. COUNTY OF	DEATH
DIRECTOR	Fort Washington Medical Cent	er	Fort Wash	nington	Prince	George's
5	RESIDENCE OF DECEDENT				1	
#	10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Prince George's	Fo	ort Washingto	on		1 YES 2 Y NO
FUNERAL	too. STREET AND NUMBER		tot. ZIP CODE		tog. CITIZEN OF	WHAT COUNTRY?
3	701 Braeburn Drive		2074	. /.	TIC	
Z I	tt. MARITAL STATUS 12. WAS DECEDENT EVER II	U II C ADMED			USA	
교	1 Never Married 2 Married FORCES? 1 YES	2XXNO	If yee, specify Cuben, I	HSPANIC ORIGIN? (Specify Yes Mexicen, Puerto Rican, atc.)	or No — 14. RA	CE — American Indian, ack, White, etc.
β	3   Wildowed 4 □ Divorced IF YES, GIVE WAR OR O.	ATES	1 TES 2 X NO	Mexicen, Puerto Rican, atc.) Specify:	Sp	ocity:
	Tr		100			White
<b>E</b>	t5. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S US	BUAL OCCUPATION  k done during most of working etired.)	t6b. KIND OF BU	SINESS/INDUSTRY	
	Elementery/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use r	etired.)			
<u>a</u>	12th	Own	er	Printi	ng Shops	3
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			I'S NAME (First, Middle, Maiden		
	Boleslaw Dolezucho	wicz				
BE	19a. INFORMANT'S NAME (Type/Print)			Mary Gaykows		
2				Rural Route Number, City or Tow		
	Eric E. Kuligowski	701_Bra	eburn Dr. F	t. Washingto	n, Md. 2	20744
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Removal from State	PLACE AND DATE OF	DISPOSITION (Name of	OATE 20c. LO	CATION — City or	Town, State
1	4 Donation 5 Dether (Specify)	petery, cremetory or other	Church Cem.	7-18-94 C	linton.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS	OF FACILITY	TINCOII,	ridi yidila
	-4 0111		George P. k	of facility Calas Funeral	Home	
	Skort. Kelas ;		6160 Oxon H	Hill Rd. Oxon	Hill. N	1d. 20745
	23/PART I. Egler the diseases, or complications that coused	the deeth. Do not	enter the mode of dying	, such as cardiac or resp	iratory srrest,	Approximate
,	ahock, or hasrt fallura. Liet only one cause on a	ach Ilna.				Intarval Between
	IMMEDIATE CAUSE (Fine) disease or condition	,				Onset and Death
	resulting in deeth)	COCAPDIA!	IN far RT Y10	م		MINUTES
	1900	,				
z	Sequentisity list conditions,  DUE TO (OR AS A	Anzens	- Disuse			16 Vener
은	Sequentistly list conditions, If sny, leading to immediata  DUE TO (OR AS A	CONSEQUENCE OF:				
CERTIFICATION	csuse. Enter UNDERLYING					
Ĕ	CAUSE (Disesse or Injury that Initiated events OUE TO (OR AS A	CONSEQUENCE OF):				
E	resulting in death) LAST					
8	d					
	PART II. Other significent conditions contributing to deeth b	ut not resulting in	the underlying ceuse give			4b. WERE AUTOPSY FINDINGS
2				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL				1 TES 2	. NO	OF DEATH?
Z					1	1 YES 2 NO
ä	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF	DEATH YES []	NO 🔲		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT	TH (Check only one)		
Sic	EXAMINER?  t YES 2 NO HOSPITAL:  1 Inputer 2 ER/Outs		THER:	a		
¥	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME C	☐ Nursing Home 5 ☐ Resid	encs 8 U Other (Specify)  28d. DESCRIBE HOW	Nation Course	
ā.	1 Natural 5 Pending (Month, Day, Year)	INJUR	Y WORK?		INJURY OCCURED	
			M 1 YES 2 N	10		
≿	2 Accident Investigation		et, fectory, office	281. LOCATION (Street City or Town, State)		I Route Number,
BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY building, stc. (Soe	— At home, term, stre		and or count, glate,		
B	2 Accident tovestigation 28e PLACE OF INJURY	— At home, term, stre city)				
B	2 Accident trivestigation 3 Suicide S Could not be determined 28e. PLACE OF INJURY building, stc. (Special Control of the cont	offy)				
B	2 Accident trivestigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, stc. (Special Check only 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred				
B	2 Accident trivestigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, atc. (Special Check only 1 CERTIFVING PHYSICIAN: To the best of my know (Check only 1 CERTIFVING PHYSICIAN: To the best of my know (CERTIFVING PHYSICIAN: To th	ledge, death occurred				e(s) end menner ee stated.
E COMPLETED BY	2 Accident trivestigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, stc. (Special Check only 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred		at the time, data and place, er	nd due to the ceus	e(s) end menner ee stated.
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY building, stc. (Special Check only one) 2 MEDICIAL EXAMINER: On the basis of szamination	ledge, death occurred	in my opinion, death occured	at the time, data and place, er	nd due to the ceus	
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special Control of the basic of examination)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)	ledge, death occurred in end/or investigation,	In my opinion, death occured	at the time, data and place, er	nd due to the ceus	
E COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ledge, death occurred in end/or investigation,	29c. LICENS	et the time, data and place, er	29d. DATE SIGN	ED (Month, Dey, Year)
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ledge, death occurred in end/or investigation,	29c. LICENS	et the time, data and place, er	29d. DATE SIGN	ED (Month, Dey, Year)
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special Control of the basic of examination)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)  29b. SIGNATURE AND TITLE OF CERTIFIER  CRACK OF INJURY building, atc. (Special of the basic of my known one)	ledge, death occurred in end/or investigation,	29c. LICENS	et the time, data and place, er	29d. DATE SIGN	ED (Month, Dey, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760

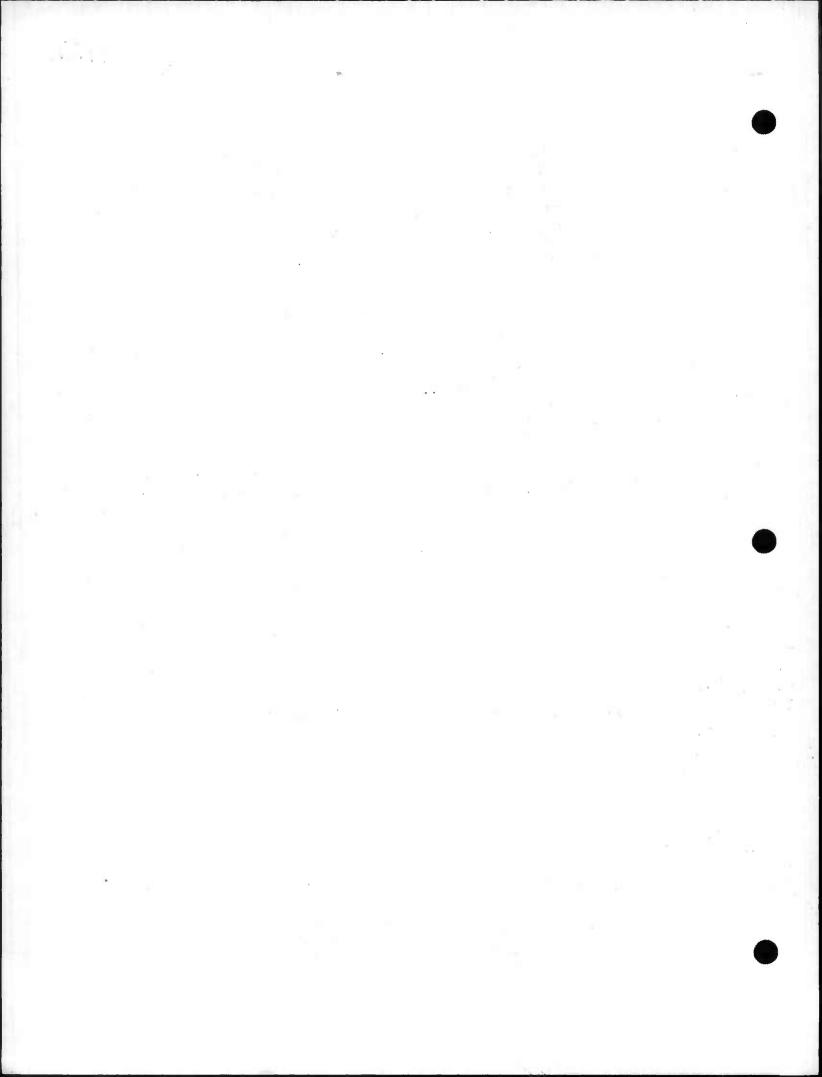
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

Manuaco cada lo

D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. The FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hoe filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

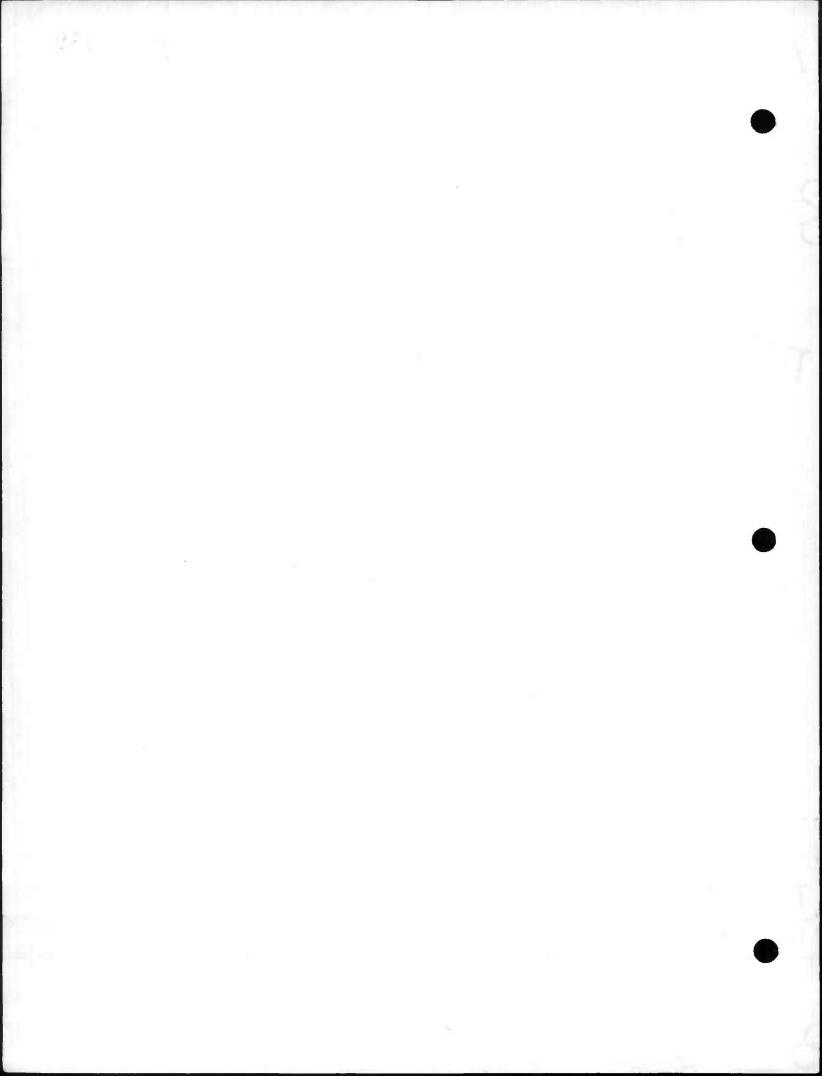
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Lasi)	7744-1	., .	<i>i</i> - 1					MONTE		NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ED	Ethel 5. SEX	V . I	ipham			I		Ju.		, 199		1135 M
	218-03-0597		1 M 2 XF	82	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Monti	OF BIRTH I, Day, Year)		Country	
	9a. FACILITY NAME (If not in			- 02		9b, CITY	TOWN	OR LOCATI	ON OF DI		30,		Mary MTY OF DI	
8	112 Red Toa							East				Ced		
DIRECTOR	RESIDENCE OF DEC	EDENT 10b. COUNTY												
E	Maryland	Cecil				y, town o							-	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			_	NO.	- CII I		f. ZIP COD	F			10a CITI	ZEN OF W	1 ☐ YES 2 ☑ NO
ER	112 Red Toa	d Road	3					2190					5.A.	THE GOOD THE
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO		l yes, sp	CENDENT (Decity Cubs	in, Mexics	in, Puerto I	? (Specify Yes Rican, etc.)	or No—	Black	— American Indian, , White, atc.
8	15. DEC	EDENT'S EDUC	CATION	16a.	DECEDENT'S	USUAL OC	CUPATI	ON		16b.	KIND OF BUS	INESS/INE		
COMPLET	Elementary/Secondary (0		College (1-4 or 5		(Give kind of a life. Do NOT us  Clerk	e retired.)	uring m	ost of worki	ng		Gover	nment		
ŏ.	17. FATHER'S NAME (First, M	iddie, Last)					-	18. MOT	HER'S NA	ME (First, I	Aiddle, Maiden	Sumame)		
BEC	Char	cles Pu	uschell							Pear	rl Gra	У		
2	Norman A. E										er, City or Town	n. State, Zip 2190	_	
	20a. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from Stata	20b. PLA	CE AND DATE	or dispos	hod:	ame of	Cem.	721	8 20c. LO	cation –	City or To	wn, Stata Maryland
	21. SIGNATURE OF FUNERA		ENSEE	1.52		22	YAME A	ND ADDRE	SS OF FA	SHITY E	neral	s. P	Α.	Tid2 / I dist
	1 None	Jul 5	3. Hic	Cas		l j	.03 :1kt	West	Sto MD	cktor 2192	1 Stre	et		
	23. PART I. Enter the di ahock, or he	seasea, or c eart fallure. I	complications the	t caused the	death. Do i	not entar	the mo	ode of dy	ing, auc	h aa caro	liec or reapl	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Fin	al												Onset and Death
	resulting in death)	<b>→</b>		cor as a con		n.								1 week
_				inson D										years
CERTIFICATION	Sequentially flat conditi if any, leading to imme-			(OR AS A CON										70020
S	cause. Enter UNDERLY! CAUSE (Disease or inju		c											
Ë	thet initiated events resulting in deeth) LAS	т	DUE TO	(OR AS A CON	SEQUENCE O	F):								
GE			d											-
	PART II. Other algnifice	nt condition	a contributing to	death but no	ot reaulting	In the un	derlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL										_	1 TYES 2	X NO		OF DEATH?
	DID TOBACCO	) lise C	ONITRIBILITE	TO CAL	ISE OF	DEAT	ш	E6 [	NO					1 TYES 2 NO
AN	25. WAS CASE REFERRED TO		ONINDOIL	IO CA	035 01	DEAT				eck only on	e)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	i:				(Specify) B	oard:	ing I	Jome
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF (Month, D	INJURY	28b, Till		28c. IN.	JURY AT			CRIBE HOW II			TOME
ВУ		Pending Investigation				M		YES 2	NO					
		Could not be	26s. PLACE C building,	F INJURY — At atc. (Specify)	t home, term,	street, tect	ory, offic	CB.			ATION (Street a or Town, State)	and Number	or Rural R	oute Number,
		oeramined .												
COMPLETED	neal		CIAN: To the best of R: On the basis of a											) and manner as stated.
	29b. SIGNATURE AND TITLE							,	ENSE NUI					(Month, Day, Year)
TO BE	Mont		Rons My		ITEM 27) (Tuna	Print		D4	4783	3				15, 1994
	Monte Mako						Nor	th Ea	st,	MD	21901			
	31. DATE FILEO (Morith, Day,		Jalia David	R'S SIGNATUR	dell									
			0	-										DUMH 44 Pag 1/90

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	urs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the burial-transif removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	edical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest)  ROSE F. L	ofzi				2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 20/-24-8248 9e. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (In	7 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-28-27	7	BIRTHPLACE (State or Foreign Country)
TOR	L24rel Regu			Laure		EATH	Prince	e George's
DIRECTOR	10a. STATE 10b. COUNTY	ce George's		WN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4604 Marie Stre	et		101	ZIP CODE	05	11.11.11	of what country? ed States
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 V Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	3√XNO	If yes, spe	NDENT OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 Years	ATION completed)  College (1-4 or 5+)	180. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	lone during mo: red.)	N t of working	16b. KIND OF BU	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Cologero Giarra	tano	nomemare			ME (First, Middle, Melden 11a Micci		
10	196. INFORMANT'S NAME (Type/Print) Patricia Ann D	egen				Route Number, City or Tow Ofton, Mar		
	20e, METHOD OF DISPOSITION 1   Method   Cremetton   3   Remo 4   Donatton   8   Other (Specify)   21. SIGNATURE OF FUNERAL SERVICE LICE	rval from State cemet	***	al Card 22. NAME AN Donal	ans July23 DADDRESS OF FA DADDRESS OF FA	3,1994 Davi	neral I	le, Maryland
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A C	consequence of):					Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL	PART II. Other significant conditions					PERFOI	RMED3/	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ICIAN	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WNO	HOSPITAL:	ОТ	26. PL	ACE OF DEATH (Ch	eck only one)		
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 (P Inpatient 2 ER/Outpet 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 28c. INJI WO 1 1 Y	RY AT	a Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUR	ED
	3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, lerm, street.	tectory, office		28t. LOCATION (Street City or Town, Stete)		Bural Route Number,
COMPLET	0001	CIAN: To the best of my knowled						ouse(e) end manner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  CINTENS P.  30. NAME AND ADDRES OF PERSON TO	Pavall OMPLETED CAUSE OF DEAT	1/	_	D34	149	The	GNED (Month, Day, Year) y 20, 1994
	31. DATE FILED (Month, Day Year)  JUL 2 1 1994	32. REGISTRAR'S SIGNAT		MZ	/ / / 7	201 Lan	rel f	erk Da Lau

DHMH-1 Am 1



į	1. DECEDENT'S NAME (First MARY		ABETH		LOAR	IOAI		DEA			PEG. NO OF DEATH Y 16		94 <sup>EAR</sup>	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM		5. SEX	B. AGE (In yrs.								19	T	
	213-22-354		1 M 2 X F	72	YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE (Month	Dey, Year)	00	Coun	
ĺ	9a. FACILITY NAME (If not			1~	1110.	AL 047	V 200001 0			3	5	22		ryland
	SACRED HEA	RT HOS						ERLAN			- 5		INTY OF	
	RESIDENCE OF DE 10a. STATE	10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCAT	ION		-			-	10d. INSIDE CITY
	Maryland	A7.7	Legany			Fre	stbu	139 //						LIMITS?
- 10	10e. STREET AND NUMBER		-08417			210		ZIP CODE				10a. CIT	IZEN OF	WHAT COUNTRY?
	11903 Ken	mn Driz	7.0						532				U.S.	
	11. MARITAL STATUS	NP DIA	12. WAS DECEDEN	NT EVER IN U.S.	ARMED	112	WAS DEC		11-	IIC OBIGIN	7 (Specify Ye	n or No	_	e ALe CE — American Indian,
	1 Never Married 2 3 Widowed 4 Div		FORCES? 1	YES 2 WAR OR DATES			If yes, spe		n, Mexica	n, Puerto F		re or no—	Blac	ck, White, etc.
		ECEDENT'S EDU		16a.	DECEDENT'S	USUAL C	OCCUPATIO	ON		16b.	KIND OF BU	JSINESS/IN	DUSTRY	11111111111
	Elementary/Secondary		College (1-4 or 5	+)	(Give kind of a life. Do NOT us	se retired.,	)	st of workin	g					
	12				Sea	mstr	ees.				C	lothi	ng	
	17. FATHER'S NAME (First, )	Middle, Lest)						18. MOTE	IER'S NA	ME (First, A	fiddle, Meide			
	Charles			N	iller	is .			Lou	isa		М.	F	Esher
	19e. INFORMANT'S NAME	(Type/Print)			19b. MAILING		SS (Street e	nd Number			er, City or To	wn, State, Zi	_	
	Joanne Be	eal		Alle to be	15 Ma	ple	Stra	et 1	Fros	thur	z. Md	. 215	(32	
	20a, METHOD OF DISPOSI 1-10 Burlat 2 Cremet				-									
	1-6 Burlal 2 Cremeti 4 Donation 5 Othe 21. SIGNATURE OF FUNER.	er (Specify)		20b. PLAC cometery, F Dg	cremetory or o	rial	Par	me of	7/	19/9			rg.	Maryland
	4 Donation 5 Other 21. SIGNATURE OF FUNER.  23. PART. Enter the	diseases, or heert fellura.	CENSEE  Well  complications the Liet only one cen	r bg e	death. Do ine.	rial 22 not ente	Par NAME AN	k  ND ADDRES  Tost  de of dyl	7/ss of fa	19/9	Fr. Durst	Fune	rg. ral	Maryland Home
	21. SIGNATURE OF FUNER.  23. PART. Enter the a shock, or I IMMEDIATE CAUSE (Fi disease or condition	diseases, or heert fellura.	complications the Liet only one certain DUE TO DUE TO CLUB TO	at coused the use on each if	death. Do ine.	not ente	Par NAME AN 57 F	k  ND ADDRES  Tost  de of dyl	7/ss of fa	19/9	Fr. Durst	Fune	rg. ral	Maryland Home 21532 Approximate Interval Betw
	23. PART. Enter the shock, or I immeDiATE CAUSE (Fidlaesse or condition resulting in death)  Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or In) CAUSE (Disease or In) that inflitted events	diseases, or heert fellura. Final	complications the Liet only one certain DUE TO DUE TO DUE TO d.	et ceused the use on each il	death. Do ine.	not ente	Par . NAME AN . 57 F or the mo	k ND ADDRESS TOST de of dyi	AVO  Short FAR  AVO  Short FAR  AVO  AVO  AVO  AVO  AVO  AVO  AVO  A	o Fre	Frourst ostburiac or real	Funerg, M	rg, eral (d. 2	Maryland Home 21532 Approximate interval Betwoons and Delay Conset and Del
	23. PART. Enter the shock, or I immediate or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or Injury Intel Initiated events resulting in death) LA:	diseases, or heert fellura. Final	complications the Liet only one certain DUE TO DUE TO DUE TO d.	et ceused the use on each il	death. Do ine.	not ente	Par . NAME AN . 57 F or the mo	k ND ADDRESS TOST de of dyi	AVO  Short FAR  AVO  Short FAR  AVO  AVO  AVO  AVO  AVO  AVO  AVO  A	o Fre	Durst Distburst	Funerg, Moiratory and Nautopsy Prince (1982)	rg, eral (d. 2	Maryland Home  21532 Approximate interval Betwoonset and De Company of the Compan
	23. PART. Enter the shock, or I immediate or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or Injury Intel Initiated events resulting in death) LA:	diseases, or heert fellura. Final	complications the Liet only one certain DUE TO DUE TO DUE TO d.	et ceused the use on each il	death. Do ine.	not ente	Par . NAME AN . 57 F or the mo	k ND ADDRESS TOST de of dyi	AVO  Short FAR  AVO  Short FAR  AVO  AVO  AVO  AVO  AVO  AVO  AVO  A	o Fre	Frourst ostburiac or real	Funerg, Moiratory and Nautopsy Prince (1982)	rg, eral (d. 2	Maryland Home: 21532 Approximate interval Betwood onset and De Competition of Caus of Death?
	23. PART. Enter the shock, or I immediate or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disease or Injury Intel Initiated events resulting in death) LA:	diseases, or heert fellura. Final	complications the Liet only one certain DUE TO DUE TO DUE TO d.	et ceused the use on each il	death. Do ine.	not ente	Par . NAME AN . 57 F or the mo	k ND ADDRESS TOST de of dyi	AVO  Short FAR  AVO  Short FAR  AVO  AVO  AVO  AVO  AVO  AVO  AVO  A	o Fre	Durst Distburst	Funerg, Moiratory and Nautopsy Prince (1982)	rg, eral (d. 2	Maryland Home  21532 Approximate interval Betwoonset and De Company of the Compan
	21. SIGNATURE OF FUNER.  23. PARTI. Enter the shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condition, selecting in death)  Sequentially list condition, resulting in death)  PART II. Other significations are suiting in death)  PART II. Other significations are suiting in death)  25. WAS CASE REFERRED	diseases, or heert fellura. Final  distance to the total transfer to the total transfer to the total transfer to the total transfer to the total transfer to the total transfer transfer to the total transfer tra	complications the Liet only one certain DUE TO DUE TO DUE TO d.	et ceused the use on each il	death. Do ine.	not ente	Par . NAME AN . 57 F or the mo	me of k k no address rost de of dyi	AVe Ave ng, such	o Fre	Durst Distburst	Funerg, Moiratory and Nautopsy Prince (1982)	rg, eral (d. 2	Maryland Home: 21532 Approximate interval Betwood onset and De Competition of Caus of Death?
	23. PART. Enter the above, or in immediate cause or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significations of the cause or in the initiated events resulting in death) LA:  PART II. Other significations of the cause of the cause or in the initiated events resulting in death) LA:  PART II. Other significations of the cause of the cau	diseases, or heert fellura. Final  distance to the total transfer to the total transfer to the total transfer to the total transfer to the total transfer to the total transfer transfer to the total transfer tra	b. DUE TO  DUE TO  d	at ceused the use on each il of the course of the use on each il of the course of the	death. Do inne.  Authorized to the control of the c	not ente	Par . NAME AN . 57 F or the mo	me of k k no Address rost de of dyl	AVO  SS OF FAM  AVO  IN SUCION  AVO  IN SUCION  AVO  IN SUCION  IN SUCION  AVO  IN SUCION  IN SUCIO	Part I.	Durst Ostbur lac or real 24a. WAS A PERFO	Funerg, Moiratory and Nautopsy Prince (1982)	rg, eral (d. 2	Maryland Home: 21532 Approximate interval Betwood onset and De Competition of Caus of Death?
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	23. PART. Enter the a shock, or I make the condition resulting in death)  23. PART. Enter the a shock, or I make the condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or In that initiated events resulting in death) LA:  PART II. Other significations are sulting in death)  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 SIGNIFICATION SIGNIFICATIO	disease, or heart fellura.  Final distance Lifting diseases, or heart fellura.  Final distance Lifting diseases, or heart fellura.  Final distance Lifting diseases and the Lifting diseases are lifting diseases.  To mediate Lifting diseases are lifting diseases and the Lifting diseases.	b. DUE TO  DUE TO  d	at ceused the use on each il of the constant of the use on each il of the constant of the cons	death. Do not not not not not not not not not no	not enter place 122 22 22 22 22 22 22 22 22 22 22 22 22	Par . NAME AN . 57 F or the mo	g couse g	AVO  AVO  Ing. such  Avo  Ing. such  Avo  Ing. such  Avo  Ing. such  Ing. suc	Part i.	24a. WAS A PERFO	N AUTOPSY PRIMED?  2 NO INJURY OC and Number	eral  [d. 2  rrest,	Maryland Home: 21532 Approximate interval Betwood onset and De Competition of Caus of Death?

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

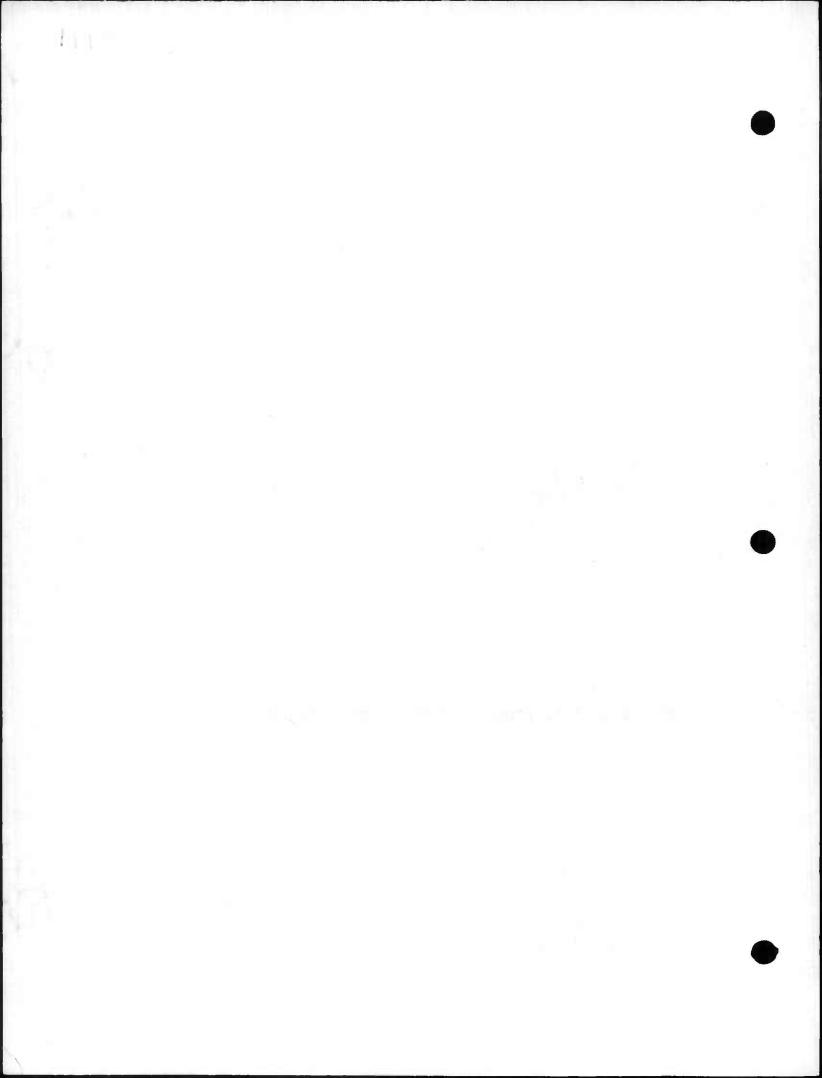
31. DATE FILED (Mohth, Day, Year)

JUL 1 8 1994

BALTIMORE, MARYLAND 21215-0020	her death. Page 6 may be retained by the hospital or attending physician.	or this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transk per nit. The with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. }	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF MAR	YLAND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  LORATNE		LEE		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 94 10:50 A M
			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	Lea	BIRTHPLACE (State or Foreign Auntry)
TOR	9e. FACILITY NAME (If not institution, give street end number)  SACRED HEART HOSPITAL  RESIDENCE OF DECEDENT	91		R LOCATION OF DE BERLAND	EATH	9c, COUNTY	OF DEATH LEGANY
DIRECTOR	10s. STATE 10s. COUNTY Md Allegany		own or Locat	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Rt. 36 N. Box 161			ZIP CODE 1539		10g. CITIZEN	OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVI FORCES? 1 YES, GIVE WAR O	ES 2X NO	If yes, sp		IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)		RACE — Americen Indian, Black, White, atc. Sneghtite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  12  College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re Paper Mi	k done during mo etired.)	N it of working	166. KIND OF BUS	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Lee			Janet T	ME (First, Middle, Malden imney		
10	190. INFORMANT'S NAME (Type/Print) Geraldine Leona Lee	Rt 36 N	l.,Box	161, Lon	aconing, Md	. 2153	9
	20a. METHOD OF DISPOSITION 1 © Sourial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATUME OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE OF I	fill Ce	metery 7	-24-94 MOSC	ow Mil	ls,Md.
	> Jos Mkge		Lonaco	ning,Md.	nzie Funer 21539		
	23. PART . Enter the diseases, of complications that caushock, or heert failure. List only one ceuse of immediate Cause (Final disease or condition resulting in death)	disi	a luis	A		iratory arreat,	Approximate interval Batween Onset and Death
ATION	Sequentially that conditions to arte	AS A CONSEQUENCE OF):	D Her	it des	land		10 years
CERTIFICATION	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF):					
A	PART II. Other algnificant conditions contributing to deal	ch but not resulting in t	/	cause given in	Part i. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
IAN: N	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL	CAUSE OF D		S NO	- Contract - Contract		1 TES 2 NO
PHYSICIAN: MEDIC	EXAMINER?  1	Outpatient 3 DOA 4  RY 28b. TIME O	F 28c, INJ	JRY AT PK?	8 Other (Specify)  26d. DEŞCRIBE HOW I	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJ building, etc. (	URY — At home, farm, stre- Specify)			28f. LOCATION (Street City or Town, State)		tural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my k 2 MEDICAL EXAMINER: On the best of examin						use(s) end menner es stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type Pri	(mt)	DIZS		29d. DATE \$10	SNED (Month, Day, Year) -22-94
	BREZA, GEORGE, M.D. CMG, 91	2 SETON DRI		BERLAND,	MD. 215	02	15-1
8	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S S  1111 2 5 1994	wedson-Kordall					

DHMH-18 Rev 1/89



	REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO.		
- 0	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
- 3	George Hoover Lawso	n			July 24	1994	5 P M
-		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	THPLACE (State or Foreign
	214-34-3923 128 M 2 🗆 F	87 YRS.	MONTHS DAYS	HOURS MIN.	Feb 12,		aryland
OB	9a. FACILITY NAME (If not institution, give street and number) 4411 Black Rock Road			ampstea		Sc. COUNTY OF	
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	400 CITY	TOWN OR LOCA	COM.			The most of
DIRECTOR	Maryland Carroll	100, 0114		stead		Mar 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	4411 Black Rock Road		101	2107	4	10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE — American Indian, ick, White, etc.  White
	15. DECEDENT'S EDUCATION	16a, DECEDENT'S	JSUAL OCCUPATION	ON	16b. KIND OF BUS	I INESS/INDUSTRY	WILLEE
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	SCHOOL	ork done during mo retiged.) BUS	st of working			untu
₹ I	17. FATHER'S NAME (First, Middle, Last)	Contra	ctor			more Co	uncy
8					ME (First, Middle, Melden		
BE	George Frank Lawson  190. INFORMANT'S NAME (Typo/Print)	Service and the service and th			B. Hoove		
2	Edna M. Lawson				Number, City or Town		04074
					, Hampste		
		b. PLACE AND DATE O	1		7/27 Har	CATION - City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AI	ID ADDRESS OF FA		Funera	
	* Steven W. El	ne	934	S. Main	St. Hami	ostead.	Md.21074
	23. PART I. Enter the diseases, or complications that cause alock, or heart feliure. List only one cause on disease or condition resulting in death)  OUE TO (OR AS.	A CONSEQUENCE OF	ble		h as cardiac or respi	ratory srrest,	Approximats interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING	A CONSEQUENCE OF					
	PART II. Other aignificant conditions contributing to death I	but not resulting in	the underlyle	cause alven in	Part I. 24e. WAS AN	ALITORON	Ib. WERE AUTOPSY FINDINGS
DICAL	COPD	out not readiting it	t the underlyin	J cause given in	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Prostate ca.				1 YES 2	<u>□</u> π0	OF DEATH?
							TO TES DE NO
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			ACE OF DEATH (Che	ck only one)		
1SI	1 YES 2 NO 1 Inpatient 2 ER/Out		OTHER: 4 - Nursing Hom	• 5. Mesidence	6 Cher (Specify)		
BY PHYSICIAN:	27. MANNER OF OEATH  1. Natural 5 Pending (Month, Day, Year)  2 Accident	28b. TIME	IRY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW II	JURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJUR' building, stc. (Spe	Y — At home, farm, st	reet, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYINO PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the best of examination						r(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0		29c. LICENSE NUN	IBER 65	29d. DATE SIGNE	D (Month, Def. Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	. (.)		ampste. 2	md	VEALE
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGN	NATURE		7	-		
	JUL 9 5 1994 Alia Shinder	Bascall					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

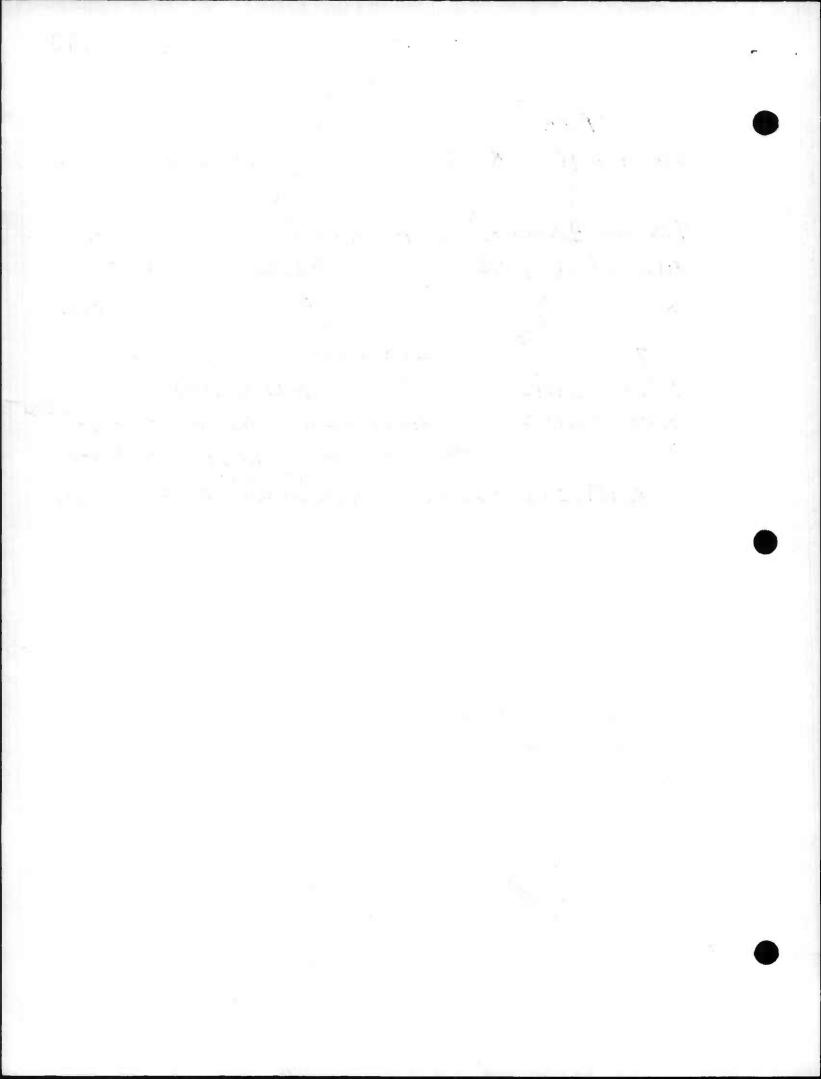
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AI		AL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	ve	LO	ankford	2. DAT	TE OF DEATH	199	
7000	1 1	□ M 2 KF 7	yrs. last birthday) YRS.	F UNDER 1 YEAR F UNDER 24 H MONTHS DAYS HOURS M 9b. CITY, TOWN OR LOCATION	IIN. 09-	E OF BIRTH nth, Day, Year) - 25-		IRTHPLACE (State or Foreign outling) IRC IN ICL
TOR	PENINSULA REGIONA		ENTER	SALISBURY	-		WICO	
L DIRECTOR	10s. STATE  10b. COUNTY  VIRGIA O ACCOUNTY  10c. STREET AND NUMBER ;	mack	HO. CITY	RN. FOUN				10d. INSIDE CITY LIMITS? TY YES 2 \( \text{NO} \) NO
FUNERAL	4158 Flemin	G Rd	It C ADMED	2333	95		45	A COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES? 1 YES	2 ND	13. WAS DECENDENT OF H If yes, specify Cuban, N 1  YES 2 ND				RACE — American Indian, Black, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	(Give kind of w life. Do NOT use	USUAL OCCUPATION Ork done during most of working o retired.)  CWORK	t	Sb. KIND OF BU	SINESS/INDUSTR	TY .
	17. FATHER'S NAME (First, Middle, Last) William DAV1.	5			S NAME (First	, Middle, Maiden	Surname)	
TO BE	190. INFORMANT'S NAME (Typo/Print)	S	19b. MAILING	ADDRESS (Street and Number or I	Rural Route Nu	imber, City or Tow	n, State, Zip Code	W UA 23371
į	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ramova  4 Donation 5 Other (Specify)		elery, crematory or oth		7/2:	TE 20c, LO	CATION - CHY	or Yown, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Whate	on	22. NAME AND ADDRESS OF THE PROPERTY OF THE PR	AP to	Rd.	Accor	nae. UA.
	23. PART I. Enter the diseases, or con shock, or heart fallure. Lis IMMEDIATE CAUSE (Final disease or condition	pilications that ceused to only one cause on as	the deeth. Do not line.	ot enter the mode of dying,	, such sa ce	erdisc or respi	ratory srrest,	Approximate Interval Between Onset and Death
Z	resulting in death) a	DUE TO OR AS A	CDNSEQUENCE DF	0(11.00)				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		CONSEDUENCE DF					
ERTIF	that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE DF	):				
A	PART II. Other significant conditions of Probable Meta	ontributing to desth bu	arains light of the second of	n the underlying ceuse give	en In Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF		NO [			1 TES 2 NO
YSICI	EXAMINER?  1 YES 2 AD	IOSPITAL:	itient 3 🗆 DOA	26. PLACE OF DEAT OTHER: 4   Nursing Home 5   Reside				
ву РН	27. MANNER DF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WORK?  M 1 YES 2 N		ESCRIBE HOW I	NJURY OCCURE	D
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Special	— At home, farm, s	treet, factory, offica		OCATION (Street a ty or Town, State)		ral Route Number,
COMPLETED				d at the time, date end place, an n, in my opinion, death occured in				rse(a) and manner as stated.
TO BE	296. SIGNATORE AND TITLE OF CERTIFIER	's		Da4	E NUMBER 487 2		29d. DATE SIG.	NED (Month, Day, Year) 18-94
	Paul R. FICULY	560 RIVO	erside	Drive, Sa	li's b	un, M	10 21	18-94 801
4	31. DATE FILED (Morith, Day, Wear)  JUL 2 1 1994	32. REGISTRAR'S SIGNA	Ture			,		DMMM 44 Day 1990



BALTIMORE, MARYLAND 21215-00	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending p	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	and i
	hours aft	filled in by t	or remo
DIVISION OF VITAL RECORDS, P.O. BOX 68760	w requires that the death certificate be executed with	been signed by the attending physician and completely	bours after death with the State Dept of Health and Mental Horiene mior to burial cremation or removal
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has	hours after death with the State Den

BE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR LAWRENCE FREDERICK LABREE 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER S. SEX TIIT.V 23 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) DAYS 1 📉 M 2 🗌 F HOURS 048-18-1804 March 5. 1927 Maine 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Perry Point V.A. Medical Center Perry Point Cecil RESIDENCE OF DECEDENT 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Bel Air 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 126 N. Hickory Ave. 21014 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married В Specify: 3 Widowed 4 Divorced WWII & Korean white COMPLETED 15. DECEDENT'S EDUCATION activ only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) Air Force U.S. Government examiner must be notified at once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Lawrence John LaBree Annie Louise Weymouth 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen E. St.Coeur 545 Rock Spring Road, Bel Air, Maryland 21014 20a, METNOD OF DISPOSITION
1 ☐ Burlal 2 🖒 Cremation 3 ☐ Ran 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Ferris & Co., Inc. 7/25/94 W. Chester, Pa 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md medicai 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert feiture. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death other traumatic event, the disease or condition Myocardial IN faretion acuk reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATN (Check only one) HOSPITAL: **EXAMINER?** 1 YES 2 NO OTHER: npatient 2 - ER/Outpatient 3 - DDA 4 Nursing Nome 5 Realdence 6 Other (Specify) ö 27. MANNER OF DEATN 26s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF INJURY marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investigation ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 10 3 Sulcide 6 Could not be COMPLETED HOSPITAL OR ATTENI FUNERAL DIRECTOR: within 72 hours after ATANT: If Item 28 Is 4 Nomicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 to 
IMPORTANT: If it (Check only one) 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 296, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

PERSON WHO COMPOSTED CAUSE OF DEATH (ITEM 27) (Type, Print)

VAMC

M. REGISTRAR'S SIGNATURE

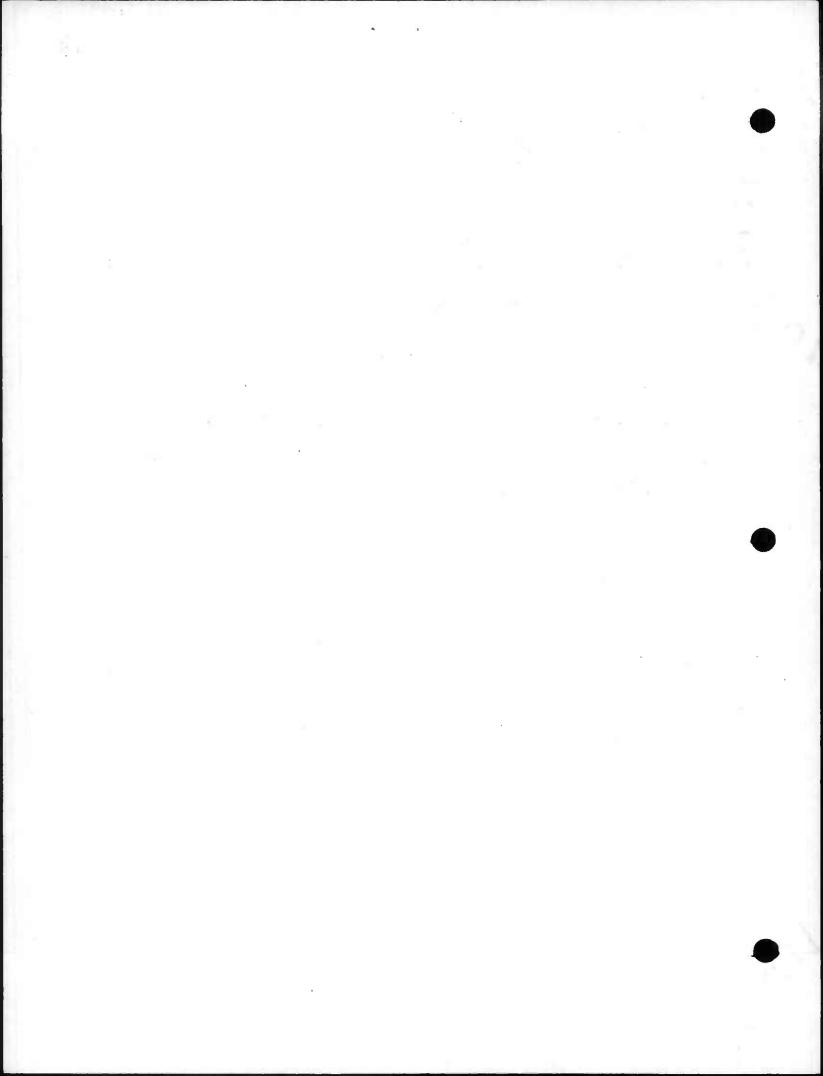
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PERRY POINT MD 21902

23 - 94



FOR

1 - STATE REGISTRAR	ATE OF MARYLAND		CATE OF			ENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Last)					T	2. DATE OF DEATH			3. TIME OF DEATH
WILLIE MAY	LOWE					MONTH DA		1994	6:35 A M
4. SOCIAL SECURITY HUMBER 5. Si	EX 6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH	PLACE (State or Foreign
419-72-8200	M 2 [XF 45	YRS.	MONTHS DAYS	HOURS	MIN.	NOV.18,19	48	ALA	BAMA
9a. FACILITY NAME (If not institution, give street at	nd number)		9b. CITY, TOWN	OR LOCATIO				NTY OF DE	ATH
PRINCE GEORGE'S	HOSPITAL	1	CH	EVER	LY		PRI	NCE	GEORGE'S
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		I 40- 01774	**************************************	TION					
			TOWN OR LOCA						10d. INSIDE CITY LIMITS?
MARYLAND IPRINCE  100. STREET AND NUMBER	GEORGE'S	L.A	NDOVE	R HI			10- 017	754 05 14	1XXVES 2 NO
3825- 64th AVE	ר#יתםג שווואי		"		784			SA	HAT COUHTRY?
11. MARITAL STATUS	WAS DECEDENT EVED IN ITS. AT	RMED	13 WAS DE			ORIGIN? (Specify Yes			- American Indian,
1 Never Married XX Married	ORCES? 1 VES 2X	но	If yes, s	pecify Cubar	n, Mexican,	Puerto Rican, atc.)	01 110-	Black,	White, etc.
3 Widowed 4 Divorced	1001 011 011 011 011		10.00	2 Likeo	эрвсну.			Specif	BLACK
15. DECEDENT'S EDUCATION (Specify only highest grade comple		ECEDENT'S U	ISUAL OCCUPATION done during m	ON		16b. KIND OF BUS	IHESS/INC	DUSTRY	
		e. Do NOT use	retired.)	out or working	V				
11th		UNIT	CLERK				НО	SPII	AL
17. FATHER'S HAME (First, Middle, Last)				18. MOTH		E (First, Middle, Maiden			9/
MARK TURNER						AVIS JON			
19e. IHFORMAHT'S HAME (Type/Print)	19	96. MAILING	ADDRESS (Street	APT	# Bural Ro	ute Number, City or Town	n, State, Zip	Code)	20784
BRUCE D. LOWE					UE L	ANDOVER			MARYLAND
1 Surial 2 Cremation 3 Removal fr	om State cemetery, cr	ematory or oth	F DISPOSITION (N per place)			1		City or Tov	
21. SIGNATURE OF FUHERAL SERVICE LICENSE		MONY		ND ADDRES			IDOA	ER,	MARYLAND
NILLANDUA	of Rin	11/00	J	. B	JENK	INS FUNE	CRAL	HOM	E 20785
- Ulluluka	a. Du	X4011		_					R, MARYLAND
23. PART I. Enter the diseases, or compl ahock, or heert feilure. List of	icetions that caused the di	eeth. Do no	ot enter the m	ode of dyli	ng, auch	aa cardiac or reapi	ratory an	reat,	Approximata interval Batween
IMMEDIATE CAUSE (Final	1	0				1			Onset and Death
disease or condition resulting in death) a	CERED TO	il	Hem	0~ rq	190	-/Gr	ebe	175	5 days
		,			1				1. 16
Sequentially list conditions, b.	MEN I	VG,	77						14 days
If any, leading to immediate cause. Enter UNDERLYING	AIDS	GUENCE OF	1.						31.00
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF)	k						2 Decie
resulting in death) LAST									,
BART II ON and all alliance and alliance									
PART il. Other algnificant conditions con	A	1	- 1		Iven in Pa	ert I. 24s. WAS AN. PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
Chron'c	land	fra	lu Re			1 YE\$ 2	NO NO		COMPLETION OF CAUSE OF DEATH?
						_			1 NES 2 NO
DID TOBACCO USE CO	NTRIBUTE TO CAL	JSE OF							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. P OTHER:	LACE OF DE	EATH (Checi	k only one)			
1 VES 2 NO 1 NO 1 N	Inpatient 2 DER/Outpatient	3 DOA	4 - Nursing Ho			☐ Other (Specify)			
1 Netural 5 Pending	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME IHJU	IRY W	JURY AT DRK?		26d. DEŞCRIBE HOW II	HJURY OC	CURED	
2 Accident Investigation	OR. DI ACE OF ILL HIRW			YES 2					
3 Suicida 8 Could not be 4 Homicide determined	28a. PLACE OF IHJURY — At he building, atc. (Specify)	oma, farm, at	reet, factory, offi	00		28f, LOCATIOH (Street a City or Town, State)	nd Number	or Rural Ad	oute Number,
29a, CERTIFIER									
(Check only 1 CERTIFYING PHYSICIAH:	To the best of my knowledge, d								
Orie) a MEDICAL EVALUATE -		investigation	, in my opinion,	seath occurr	ed at the tir	ma, data and place, and	due to th	re cause(a)	
2 MEDICAL EXAMINER: On	the beals of examination and/or	1_							and manner as stated.
2 MEDICAL EXAMINER: On 29b. SIGNATURE AHD TITLE OF CERTIFIES	the basis of examination and/or	71		_	NSE HUMB	ER 7> 7		E SIGNED	
296. SIGNATURE AHD TITLE OF CERTIFIER	h 14	1		_	NSE HUMB	687		E SIGNED	
296. SIGNATURE AHD TITLE OF CERTIFIED  30. HAME AHD ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITE	M 2 V (NOR)	Print)	_	NSE HUMB	687		E SIGNED	
296. SIGNATURE AHD TITLE OF CERTIFIED  30. HAME AHD ADDRESS OF PERSON WHO COM	h 14	M 2 V (NOR)	Print)	_	NSE HUMB 380	687 HC		E SIGNED	

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the retain requires that the standing physician. For the function page 5 should be detached for use as the burial-transfer filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 2

1994

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR	STATE OF
1 - STATE REGISTRAR	SIMIE UF
1. DECEDENT'S NAME (First, Middle, Last)	
Friedel Lu	tkefed
4. SOCIAL SECURITY NUMBER	5. \$EX
166-26-4013	1 🗆 M 2 📉 F
Se. FACILITY NAME (If not institution, give a	
Carriage Hill 9101 2nd Aven	Nursi
OCCUPATION OF SECTION	

STATE	OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN
	CERTIFICATE	OF DEATH	REG. NO.

1 - STATE REGISTRAR		C	SMIII	CATE	or ut	-74111		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH		T	3. TIME OF DEATH
Friedel Lut	kefedd	er					MC	MTH D	AY	YEAR	9:45AM w
200	. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1 Y	YEAR IF U	MDER 24 HI	7.04	TE OF BIRTH			
166-26-4013	□ M 2 1 F	89	YRS.		MYS HOU	-	Ma	onth, Day, Year) _	905	Country	LSSER Many
Se. FACILITY NAME (If not institution, give street	and number)			96. CITY, TO	OWN OR LO	CATION O		1			
Carriage Hill	Nursin	g Home	≥	Silv							
RESIDENCE OF DECEDENT	e						9		HOL	regor	шет у
10s. STATE 10b. COUNTY				, TOWN OR							10d. INSIDE CITY LIMITS?
D.C.			Was.	hingt	ton						1 YES 2 NO
10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
1632 Webster Str	eet N	.W.			2	0013			1	U.S.	.A.
	. WAS DECEDENT	T EVER IN U.S. A	RMED	13. WA	S DECENDE	NT OF HI	SPANIC OR	GIN? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 AR OR DATES	NO		YES 2		xican, Puer secily:	to Rican, etc.)			White, etc.
					21						White
15. DECEDENT'S EDUCATI (Specify only highest grade com-	iON apleted)	(0	Bive kind of w	USUAL OCCL	JPATION ing most of a	working		16b. KIND OF BU	SINESS/IND	USTRY	
	college (1-4 or 5+	) ///	e. Do NOT use	e retired.)			- 1				
12th		D	omes	tic	0.00						
17. FATHER'S NAME (First, Middle, Last)	J D							st, Middle, Maiden			
Ludwig Fardinan	id Davi	1.a			]	Eliz	abet	h Bys	zio		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING					umber, City or Tow			
Louise Colline	t		1632	Webs	ster	Sti	reet	N.W.,	Wash	, D. C	20011
20e. METHOD OF DISPOSITION 1	form State			FDISPOSITIO	ON (Name of		0	ATE 20c. LO	CATION - C	aty or Tow	rn, State
4 Donation 5 Other (Specify)	Hom State	Geor	ematory or oth	her place) W∷n M∈	. be	Scho	017	/18/94	Masi	hino	ton, DC.
21. SIGNATURE OF PUNERAL SERVICE LICENS	EE O	1		22. NA	ME AND AD	DRESS OF	FACILITY	er Fun	owal	Trans	
· Land	(le	she-		A	12 (1.	II  IC	YSLE	er run	eral	HOI	ie
				'   36	505	14+7	Sta	coet M	TAT T	Mach	DC 20070
23 PART I Enter the dispasse or com	nilcations that	coursed the d	anth Da a	36	505	14th	St	reet N	.W. T	Wash	DC.20010
23 PART I. Enter the dispases, or com ahock, or heart failure. List	pilcations that only one caus	caused the de	eath. Do no	36	505	14th	St	reet N	.W. T	Wash	Approximate interval Between
immediate cause (final	only one caus	se on each line	e.	ot enter the	a mode of	14th	St	reet N	.W. T	Wash	Approximate
ahock, or heart failure. List	only one caus	se on each line	e.	ot enter the	a mode of	14th	St	reet N	.W. T	Wash	Approximate interval Between
immediate cause (5 nai disease or condition	only one caus	caused the dese on each line	e.	ot enter the	a mode of	14th	St	reet N	.W. T	Wash	Approximate interval Between
IMMEDIATE CAUSE (5 nat disease or condition resulting in death)	Left bue to	Hip F	-Vac	ot enter the	a mode of	14th	St	reet N	.W. T	Wash	Approximate interval Between
immediate Cause (5 nai disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Left bue to	se on each line	-Vac	ot enter the	a mode of	14th	St	reet N	.W. T	Wash	Approximate interval Between
shock, or hyart failure. List IMMEDIATE CAUSE (5/nai disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Left bue to (	OR AS A CONSE	OUENCE OF	ot enter the	a mode of	14th	St	reet N	.W. T	Wash	Approximate interval Between
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shock, or nyart failure. List IMMEDIATE CAUSE (5 nai disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSE	EQUENCE OF	ot enter the	a mode of	1.4th	1 Sti	ceet N	. W . T	Wash	Approximate interval Between Opeet end Death  Month
shock, or hyert failure. List IMMEDIATE CAUSE (5 nai disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of	DUE TO (	OR AS A CONSE	EQUENCE OF	ot enter the	a mode of	1.4th	1 Sti	ardiec or reapi	. W . I	Wash	Approximate interval Between Opeet end Death Monto
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significent conditions of A Zhemer's Disease.	DUE TO (	OR AS A CONSE	EQUENCE OF	ot enter the	a mode of	1.4th	1 Sti	ardiec or reapi	. W . I	Wash	Approximate interval Between Onset end Death  MONTO  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of Alzhemer's Disease. Endometric Cays	DUE TO (	OR AS A CONSE	EQUENCE OF	ot enter the	a mode of	1.4th	1 Sti	ardiec or reapi	. W . I	Wash	Approximate interval Between Onset end Death  MONTO  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
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IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of Alzhemer's Disease Cay Rib Tractures  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (  ONE TO	OR AS A CONSE	OUENCE OF	ot enter the	riying ceu	1 4 t ł dylng.	I Sta	24a. WAS AN PERFOR	. W . I	Wash	Approximate interval Between Onset end Death  MONTO  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Shia Davidson-Randoll

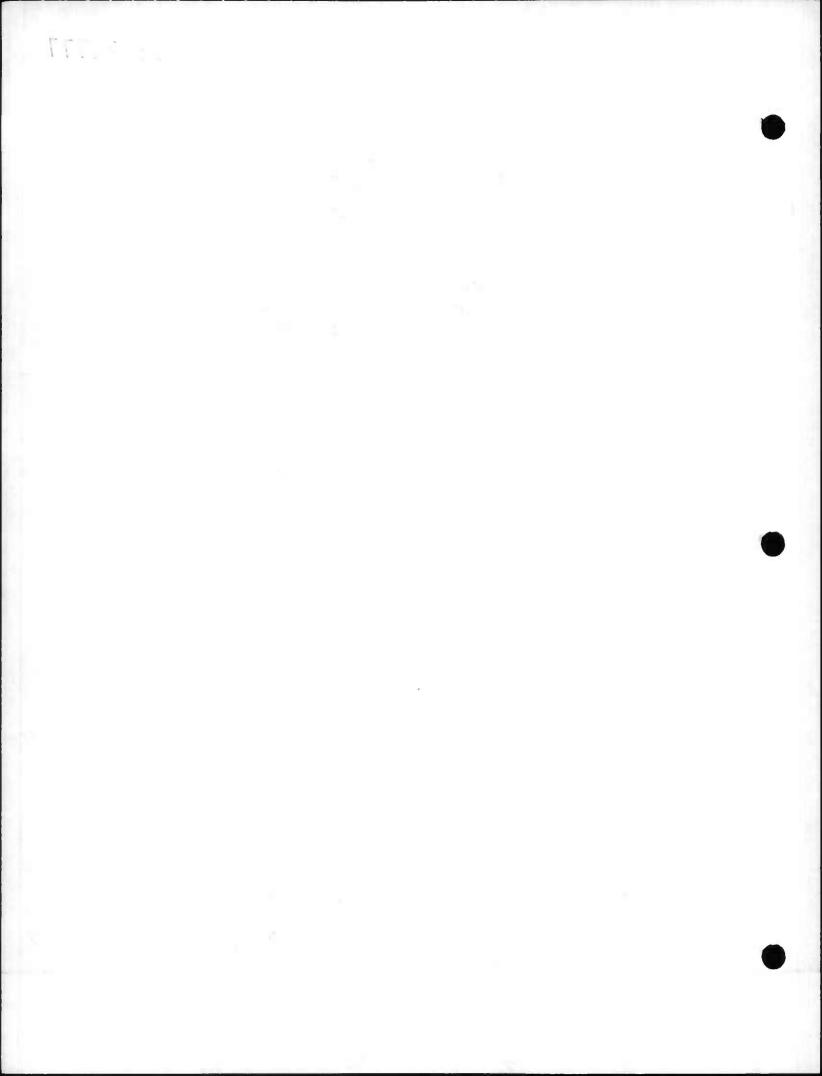
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s and within 72 hours after death with the State Deer of Health and Mental Haringe noise to huise commission or removal	1
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR			CERTIF	ICATE OF			REG. NO.			
	T)	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
Т		OTTO A. LEMKE							July 17.1		YEAR	1:35 P M
Т		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1774	0. BIRTH	PLACE (State or Foreign
	9	190-05-1522	1 🔀 M 2 🗆 F	98	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 09/29/95		Country	nanv
Т	_ //	9a. FACILITY NAME (If not institution, give st	reet and number)	,,,		9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COU	INTY OF DE	
13	8	Maridian Haalth C	oro Cont	or		Annana	lic			Anno	Aru	ado1
	ם ל	RESIDENCE OF DECEDENT									ALUI	idei
	DIRECTOR	2007			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
	- 4	Maryland Anne_	<u>Arundel</u>		Bev	<u>erly Be</u>						1 YES 2 NO
13	₹					1	of. ZIP COD			_		HAT COUNTRY?
	밀	105 Beverly Avenu					21037			US	SA	
LL 1 Never Married 2 Married FORCES? 1 YES 2 (C) NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)							or No-		— American Indian, White, etc.			
	à	3 Widowed 4 Divorced	IF YES, GIVE V	MAR DR DATES		1 🗆 YE	s xx no	Specify			Specifi	White
1		15. DECEDENT'S EDUC	CEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						DUSTRY	wille		
	-	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5	+1	Ille. Do NOT us		ontro					
. 3	릴	12		' St	eamfit	ter/Hea	ting		Self-e	mp1c	ved	
	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Middle, Meiden		7,00	
		Franz Lemki					Aug	uste	Friederik	ce Vo	1kmar	n
	2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street			Toute Number, City or Tow			
	- 1	Gertrude Santoro			5937 K	imble C	ourt	Fall	s Church.	VA 2	22041-	-2418
		20a. METHOD OF DISPOSITION 11- Burial 2 Cremation 3 Remo	wel from State			FDISPOSITION (					City or Tow	
		4 Donation 5 Other (Specify)				Nation			7/20 Suit	.land	I. MD	
		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME /				т.		
		Julia P. Sm	Tursha	ll					neral Home Rd. Suit1			20746
		23. PART 1. Enter the diseases, or c	omplications the	t caused the	e death. Do r	ot enter the m	ode of dy	ing, suct	as cardiac or respi	ratory ar	rest,	Approximate
		shock, or heart failure. I IMMEDIATE CAUSE (Final	.ist only one cau	se on each				_	0			Interval Between Onset and Death
		disease or condition resulting in death)	Ucuto	Ille	+ low	chia.	las	·ka	lure) tic di			Iday
	ĺ		// DUE TO	OR AS A CON	NSEQUENCE O	7: /		1	1000			- Cong
1	ξ	Sequentially list conditions,	ryper	eux	in	aver	osck	270	tro di	18as	$\mathcal{L}$	years
	CERIIFICATION	if any, leading to immediate cause. Enter UNDERLYING	// DUE TO	(OR AS A CON	NSEQUENCE OF	7):						
i	5	CAUSE (Disease or injury that initiated events	DUE TO	(DR AS A CON	NSEQUENCE OF	n.						
	₹	resulting in death) LAST				,						İ
	₫	PART f. Other significant conditions	/	death but n	ot resulting	the undurity	ng cause s	given in i	Part I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
1 7	5 II	genmoma	grecen	115	July 1	ugn	age	<u></u>	1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	Į Į	ruly mary	tup	hyse	mea	i b	erj'	in			- 1	1   YES 2   NO
	ž I	stuke! d	embi	etia	/ /				_			
2	3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. I	LACE OF D	EATH (Che	ick only one)			
2	PHYSICIAN	1 YES 2 NO	1 Inpatient 2		nt 3 □ DOA		me 5 🗆 Re	sidence	6 Other (Specify)			
6	5	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF (Month, D		28b. TIM INJ	URY W	JURY AT ORK?	_	28d. DESCRIBE HOW II	NJURY OC	CURED	
2	ā	2 Accident Investigation	22 57 125 2				YES 2	NO				
1	8	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	t home, farm, s	treet, factory, off	ce		281. LOCATION (Street a City or Town, State)	ind Numbe	r or Flural Ac	oute Number,
	ij.   -	200. BERTIFIER			=							
ighto	1	(Check only   Chec							to the cause(s) and man			
5	3	2 MEDICAL EXAMINER		xamination and	D/or investigatio	n, in my opinion,	death occur	red at the t	time, date and place, an	d due to ti	he cause(s)	and manner as stated.
ä	4	SIGNATURE AND TITLE OF CERTIFIER	1	2 0	^		29c LICI	ENSE NUM	BER	29d. DAT	TE SIGNED	(Month Day, Year)
5		NAME AND ADDRESS OF STREET		2	كملا		$\mathbb{Z}$	10.	13		1/10	9194
1		30. NAME AND ADDRESS OF PERSON WHO	TETED CAUS	SE OF DEATH	(ITEM 27) (Type,	h D C	1.	$\wedge$	2112 /	OF.	//_/	1/1
V.	1	31. T TLE (Month, Day, Year)	D BECIETTE	P'S SIGNATIVE	INN	207 0	rn	U,	1401 []	Ut. V	EKK	KOUW MDI
1		JUL 2 0 1994	Sulia	B'S SIGNATUR	Randose			.5				
1	10		//		-							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Thours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit ben filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires th	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If Item 28 is marked, or Item 23 shows an

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH
7		

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF		MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last)	Marion Louise	Watts	Brown L	.inthicum	2. DATE OF DEATH	DAV	YEAR 994 094) M			
		5. SEX 6. AGE (in yrs. 1 \( \text{ M 2 (\text{X}) F} \) 59	lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You February	,1935	8. BIRTHPLACE (State or Foreign Country) Virginia			
	9a. FACILITY NAME (If not institution, give stre				OR LOCATION OF D		9c. COUN	ITY OF DEATH			
010	Washington Adver	ntist Hospital		Takoma Park Montgomery							
FUNERAL DIRECTOR	District of Colum	nbia	10c. CIT	v, town on Loc Washing	10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
I'AL	10e. STREET AND NUMBER			10f. ZIP CODE 10g. CITIZEN OF WHAT COU							
JNE	1347 Shepherd Str	ARMED	13. WAS DE	20017	NIC ORIGIN? (Specify		United States				
B	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 YES 2 I	XNO	if yes, s		an, Puerto Rican, atc.		14. RACE — American Indien, Black, Whita, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of ville. Do NOT us	USUAL OCCUPAT work done during n se retired.)	nost of working		BUSINESS/INDU				
JMP	2 17. FATHER'S NAME (First, Middle, Last)	years Li	censed	Practi	ospital Center						
BE CC		leveland	Watt	S	Mary	AME (First, Middle, Mai E C	lith	Howell			
10	19a. INFORMANT'S NAME (Type/Print)  Bonita L. Brown De					Route Number, City or					
	20e NETHOD OF DISPOSITION 1 A) Surial 2 Cremation 3 Remov	20b. PLAC	CE AND DATE	OF DISPOSITION (				, riary land 20/02			
	4 Donation 5 Other (Specify)	F6	rt Lir	icoin le		Br	entwoo	d, Maryland			
	I'm h Late			3831	Georgia	Avenue,N.	y's Fu W.;Was	neral Home h.D.C. 20011			
	23. PART I. Enter the diseases, or co- ahock, or heert fellure. Li	mplications that caused the st only one ceuse on each il	daath. Do r ine.	not enter the m	ode of dying, aud	th as cardled or re	apiratory arre	Approximate Interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. RESPIRATORY FAILURE  DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentially list conditions a PNGUMONIA.										
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE O	F):							
	d.	and distribution and death in a									
EDICAL	PART II. Other significant conditions	contributing to deeth but no	ot reaulting	in the underly!	ng ceuse given in	PER	FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
SICIAN: MEDIC	DID TOBACCO USE CO	ONTRIBUTE TO CAL	JSE OF	DEATH Y	res I No			1 TES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C/	neck only one)					
PHYS	1 Tes 2 No 1	28e. DATE OF INJURY	28b. TIM	E OF 28c. IF	me 5 Rasidenca	8 Other (Specify) 28d. DESCRIBE HC	W INJURY OCC	URED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY At building, atc. (Specify)	home, farm,	street, factory, off	ica	28f. LOCATION (Str City or Town, S	eet and Number ( late)	or Rural Route Number,			
COMPLETE		AN: To the best of my knowledge, On the basis of exemination and/									
BEC	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO A DASHOTTER, M	COMPLETED CAUSE OF DEATH (I	TEM 27) (Type	Print)	my +4 - (	REFUREL	y maj.	2077D			
)	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	VVVER	INOCKR	11.	-0513e					
296. LICENSE NUMBER  A Dasharda  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  A DASHOTTOR, m) 7207 Horrover Bark Way + A GREENBEY M. 20770  31. DATE FILED (Moritin, Day, 1601)  32. REGISTRAR'S SIGNATURE  JUL 2 0 1994  JUL 2 0 1994  JUL 2 0 1994  JUL 2 0 1994											

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit in, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transh as filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Angares R	·Lock	har	,	2. DATE OF OEATH	7. 94	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  578-42-6225  9e. FACILITY NAME (If not institution, give s	7. DATE OF BIRTH (Month, Day, Year)	a a	IRTHPLACE (State or Foreign buntry)  herst VA  F DEATH							
TOR	Carroll Manor Nursing Home Hyattsville, Md PG										
DIRECTOR	10a. STATE 10b. COUNTY	Ga. STATE 10b. COUNTY 10c. CITY,				OWN OR LOCATION Shington, DC					
	DC 100. STREET AND NUMBER	was		ZIP CODE		t ☐ YES 2 ☐NO  10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	608 Aspen Str			20011		USA					
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Nover Married 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			Il yes, sp	ENDENT OF HISPAR Inclify Cuban, Mexica XXNO Specifi	5	ACE — American Indian, Black, Whita, aic. Specify. African Merican				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	16a. DECEDENT'S USU	done during mo		16b. KIND OF BU						
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)  We. Do NOT use retired.)  Gov t C.				Feder	al Emp	lovee			
SOM	17, FATHER'S NAME (First, Middle, Last)			OLCIN		ME (First, Middle, Maiden		10,66			
BE (	Edgar Lockhar	t						-Lockhart			
2	19a. INFORMANT'S NAME (Type/Print)  Dorothy & Cynt	his Fostor				Route Number, City or Tow					
	20a. METHOD OF DISPOSITION	20ь.	PLACE AND DATE OF D	ISPOSITION (Na		et NW Was	CATION — City of				
	1 N Eurial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	001110	etery, crematory or other arvland		nal	7/8/94					
	21. SIGNATURE OF SUBERAL SERVICE LIC		20	22Thme^	Ridiey	Funeral Ave. Wasl	Estab	lishment			
	23. PART I. Enter the disease, or canock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Arten	ich line.			Acadas L		Approximata Interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL (	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part 1.  Muly infinity of Algorithm in In Captalogish 1 yes 2 Kno of the captalogish of the										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch						
¥	27. MANNER OF DEATH	1 Inputient 2 ER/Output 28a. DATE OF INJURY	28b. TIME O	F 28c. INJ	JRY AT	5 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 1 1	RK? 'ES 2 NO						
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, lerm, stree (fy)	t, factory, office		281. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,			
COMPLETED		CIAN: To the best of my knowle R: On the basis of examination						se(s) and manner as stated.			
BE	296 SIGNATURE AND TITLE OF CERTIFIER	e ho			290 LICENSE NUN	MBER 7 7 2	29d. DATE SIG	NED (Month, Day, Year)			
٩	30 NAME AND ADDRESS OF PERSON WH	ORE MA	TH (ITEM 27) (Type Print	poh 1 L	.a. 1	d thist	tasllo	MA 20781			
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  111 2 0 1994  Seria Davidson-Fundade										

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1	•	FOR STATE REGISTR	AR
	-	· icaio i i	7 (1)

1 - REGISTRAR		CERT	IFICATE	OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	ard	L.		NE	2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 578-42-4124	5. SEX 6.	AGE (In yra. last birthdi	ay) F UNDER 1		7. DATE OF BIRTH (Month, Day, Year) Jan. 2,19	33 Wa	HPLACE (State or Foreign try). Shington, I		
90. FACILITY NAME (If not institution, give the Holy Cross Hos			SIlver Spring Sc. country of DEATH  SIVER Spring Montgome						
10e. STATE 10b. COUNT	v ce George's		10c. CITY, TOWN OR LOCATION Clinton				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
101.06 White Avenu	ue			101. ZIP CODE 20735		U.S.A	WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	Hy	S DECENDENT OF HISPA res, specify Cuban, Mexic YES ZAYNO Spec		Spe	CE — American Indian, ck, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary [0-12)  12th  N/A		(Give kind life. Do NO	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use natived.)  Night Stocker			BINESS/INDUSTRY	<u>casian</u>		
12th N/A Night Stocker Safeway Stores  17. FATHER'S NAME (First, Middle, Lest) William Lane  18. MOTHER'S NAME (First, Middle, Meiden Surname) Gladys Virginia Haig									
190. INFORMANT'S NAME (Type/Print) John W. Lane				Street and Number or Rural	Route Number, City or Town	n, Stete, Zip Code)	36		
20a METHOD OF DISPOSITION	OF DISPOSITION 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of JULY 20 POATE 20c. LOCATION — City semelers, cremetory or other place).								
21. SIGNATURE OF FUNERAL SERVICE	CENSEE		22. NA	ME AND ADDRESS OF F	xander Fer	eral Hom	e, Inc.		
disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):									
PART II. Other significant condition	d	ath but not resulti	ng in the unde	erlying cause given in	Part I. 24a. WAS AN PERFOR	IMED?	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
27. MANNER OF DEATH  Netural 5 Pending Investigation	1 □ Inpatient 2 EF	URY 28b.	A 4 I Nursin	g Home 5 Residence  Bc. INJURY AT WORK?  1 YES 2 NQ	8 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURED			
2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, far (Specify)	rm, street, factor	y, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stere)				
ann)					e to the cause(s) and mar e lime, date end place, an		(s) and menner se stated.		
290. SIGNATURE AND TITLE OF CERTIFIE	saulue 1	L We		29c. LICENSE NU	546	29d. DATE SIGNE	D (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WI	a completed cause of	OF DEATH (ITEM 27) (	Type, Print)	६ ७७	consin	ورد	Beth		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Par	dell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, par be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must b
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	rith	ng pr	othe
	th Ce	endice HVH	6
	dea	e att	3
	the	th M	Ē
	that	ed b	any
	Jires	Sign	*
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	ME	Jept	33
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	M	rtific Se Si	-
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	F	r thi	ark a
	DING	Afte	E
	TEN	OR:	99
	A AT	RECT JIS 2	E
	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbe filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	5
	PITA	ERA II	=======================================
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			111

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32. REGISTRAN'S SIGNATURE
July Dhuglon Raplate

George Sengstack MD

31. DATE FILED (Month, Day, Year)

JUL 2 0 1994

	1. DECEDENT'S NAME (First, Middle, Lest)  HENRIETTA STAHLHUT McFADDEN  2. DATE OF DEATH MONTH 18 94										3. TIME OF DEATH 9:20		
ļ	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (II 578-48-2777A 1 □ M 2 耳 F			ast birthday) IF UNDER t YEAR IF UNDER 24 HRS. 2 YRS. MONTHS DAYS HOURS MIN.				2. DATE OF BIR 6/7/19	9TH 1997	a. BIRTI	HPLACE (State or Foreign		
9a. FACILITY NAME (If not institution, give street and number)  See. COUNTY OF LEATH  See. COUNTY OF LEATH  Kensington Gardens Nursing Home  Kensington  Montgo								UNTY OF E	DEATH				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Maryland Montg	gomery		10c. CITY, TO		ATION					10d, INSIDE CITY		
ONELLA													
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		If yes, s	CENDENT Of Cube S 22 (20)	n, Mexican	, Puerto Rican,	city Yes or No— etc.)	Blac	E — American Indian, k, White, atc.		
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Si Si	66. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Home Care Provider						<u> </u>				
	12. FATHER'S NAME (First, Middle, Last) Henry Stahlhut	2 years	110	me care	TIOV	18. MOTH		ME (First, Middle,					
	19e. INFORMANT'S NAME (Type/Print) Thomas N. McFadde	en Sr.	1	Db. MAILING ADD		and Number	or Rural R	oute Number, City			d 21793		
	20e. METHOD OF DISPOSITION 1		20b. PLACE cemetery, ci Culp 6	AND DATE OF DIS rematory or other p eper Nat	lace) iona	L Ceme		7/22	culper		own, State Virginia		
	21. SIGNATURE OF FUNERAL SERVICE LIC	()	0	ltt	ROBEI	NORTH	DAII AM H	LEY & S EKET ST	. FREDE	ERICK	HOMES, P.A , MD 21701		
23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)								Approximata Interval Betwee Onset and De					
	resulting in death)  DUE TO (04/35 A CONSEQUENCE OF):  DUE TO (04/35 A CONSEQUENCE OF):  544												
	MMEDIATE CAUSE (Final disease or condition resulting in death)												
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDS  AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?									AVAILABLE PRIOR TO COMPLETION OF CAUSE				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ED/Nutrations		HISH:	PLACE OF DI		122					
	27. MANNEB OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	NJURY	28b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2		Other (Spec 28d. DESCRIBE	HOW INJURY O	CCURED			
J	2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												

Ferrara Drive Wheaton, Maryland 20906

DHMH-18 Rev 1/89

10.35 .... 

1. DECEDENT'S NAME (First							EAT		REG. NO.											
	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH								
Eva	M		McCa	rtv					July 16		94	1:00 A.								
4. SOCIAL SECURITY NUMBER		SEX I	6. AGE (In yrs. le		IF UNDER		F UNDER 2	HRS.	7. DATE OF BIRTH		6. BIRTI	IPLACE (State or Foreign								
217-14-4821	. 1	☐ M 2 🄀 F	86	YRS.	MONTHS	DAYS H	OURS	MIN.	March 16, 1	908	Mar	ÿland								
Sa. FACILITY NAME (If not in	stitution, give stree	t and number)			9b. CITY,	TOWN OR	LOCATION	OF DE	ATH	9c. COU	NTY OF D	EATH								
Coffman	Nursi	ng Home	2		Ha	agers	town		1 1 1 X	Was	hing	ton								
RESIDENCE OF DEC	10b, COUNTY			7																
111 6 2 1 2 1	100 071, 10111 0112						N					10d. INSIDE CITY LIMITS?								
Maryland Washington Hagerstow												1 XYES 2 NO								
115 N. Jonathan Street Apt. 407							1.740			-		WHAT COUNTRY?								
										US	A									
11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					H		ty Cuben,		IC ORIGIN? (Specify Yes i, Puerto Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc.								
	EDENT'S EDUCAT		16a. D	ECEDENT'S	USUAL OC	CUPATION			16b. KIND OF BUS	INESS/IN	DUSTRY									
Elementary/Secondary (0	y highest grade cor 0-12)	College (1-4 or 5+)	III.	Sive kind of a e. Do NOT us	e retired.)															
		2		Regis	tere	d Nur	se		N	lursi	ng									
17. FATHER'S NAME (First, M									ME (First, Middle, Maiden	Surname)										
Bernard S	Sylveste	r McCart	У			A	nna	L.	Gross											
19a. INFORMANT'S NAME (									loute Number, City or Town	_	-	0.17.10								
Charlene k	. Lloyd		9	Pub1	ic So	quare	e F	lage	rstown, Ma	ryla	nd	21740								
20e. METHOD OF DISPOSIT 1 X Buriet 2 ☐ Cremetic 4 ☐ Ponetion 5 ☐ Other	n 3 🗆 Remove	I from State	20b. PLACE cometery, cr	AND DATE OF OF OF OF OF OF						erla		Maryland								
21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE	1 4			name and rald		QF FAC												
Merela	(X)	8 M	AMIC	-K								ac Street								
23. PART I. Enter the d	001.	UIV	0/0/ 0.	~ (		neral		_				Maryland								
disease or condition resulting in death)  Sequentially list condit	lons, b.				F):	Hice	era	les	he dispu	ucc	M.	shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions,  Due to (or as a consequence of):								
DUE TO (OR AS A CONSEQUENCE OF):  If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):																				
	d																			
PART II. Other significa	ant conditions of	entributing to d	eeth but not	resulting	in the unc	derlying &	1. 11	ven Irr	PERFOR	MED?	246	WERE AUTOPBY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
A A CASE REFERRED T	O MEDICAL	Duelet	S on the second	resulting		26. PLAC	un	cc	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
Boval	O MEDICAL F	Contributing to d	<del>5</del> /	111	OTHER	26. PLAC	E OF DE	CC ATH (Che	PERFOR  1   YES 2	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	O MEDICAL F	ONL (1)	ER/Outpetient :	3 DOA	OTHER 4 Mura	26. PLAC	E OF DE	CC ATH (Che	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	O MEDICAL F	OSPITAL:	ER/Outpetient :	3 DOA	OTHER 4 SHUTS	26. PLAC 34 bing Home 28c. INJUR WORK	E OF DE	ATH (Che	PERFOR  1 YES 2  ck only one)  6 Other (Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
25. WAS CASE REFERRED T EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 6	O MEDICAL Pending Investigation Could not be	1OSPITAL:   Inpetient 2   28a. DATE OF II (Month, Day) 28a. PLACE OF	ER/Outpatient :	3 DOA 28b. TIM	OTHER 4 Mura E OF JURY M	26. PLAC 34- bing Home 28c. INJUR WORK 1   YES	E OF DE	ATH (Che	PERFOR  1 YES 2	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident	O MEDICAL Pending Investigation	1OSPITAL:   Inpetient 2   28a. DATE OF II (Month, Day) 28a. PLACE OF	ER/Outpetient : NJURY (Year)	3 DOA 28b. TIM	OTHER 4 Mura E OF JURY M	26. PLAC 34- bing Home 28c. INJUR WORK 1   YES	E OF DE	ATH (Che	PERFOR  1 YES 2  ck only one)  8 Other (Specify)  28d. DESCRIBE HOW II	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 S Suicide 6 Homicide  29a. CERTIFIER (Check only 1 CERTIFIER)	O MEDICAL Pending Investigation Could not be detarmined	10SPITAL:   Inpatient 2   :   28a. DATE OF building, e	ER/Outpetient : NJURY , Year) INJURY — At h tc. (Specify)	3 DOA 28b. TIM INJ	OTHER 4 - Hurs E OF URY M street, fector	28. PLAC 3-ling Home 28c. INJUR WORK 1  YES ory, office	E OF DEA	ATH (Che	PERFOR  1 YES 2  Ck only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	MED?  NO  NJURY OC	CURED or Rural I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
25. WAS CASE REFERRED T EXAMINER? 1   YES 2   NO 27. MANNER OF DEATH 1   Natural 5   2   Accident 3   Suicide 6   4   Homicide 29a. CERTIFIER (Check only one) 2   MED	Pending Investigation Could not be determined INFYING PHYSICIA ICAL EXAMINER:	10SPITAL:   Inpatient 2   :   28a. DATE OF building, e	ER/Outpetient : NJURY , Year) INJURY — At h tc. (Specify)	3 DOA 28b. TIM INJ	OTHER 4 - Hurs E OF URY M street, fector	28. PLAC 33-31-31-31-31-31-31-31-31-31-31-31-31-3	E OF DEJ	ATH (Che dence NO	PERFOR  1 YES 2  1 YES 2  Cok only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(e) and manufilme, data and place, an	MED?  NO  NJURY OC  and Number  over se stated due to ti	CURED  r or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,								
25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5    2 Acident  3 Suicide 6    4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be determined INFYING PHYSICIA ICAL EXAMINER:	10SPITAL:   Inpatient 2   :   28a. DATE OF building, e	ER/Outpetient : NJURY , Year) INJURY — At h tc. (Specify)	3 DOA 28b. TIM INJ	OTHER 4 - Hurs E OF URY M street, fector	28. PLAC 33-31-31-31-31-31-31-31-31-31-31-31-31-3	E OF DEJ	ATH (Che idence	PERFOR  1 YES 2  CK only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and manufacture, data and place, an	MED?  NO  NJURY OC  and Number  over se stated due to ti	CURED  r or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								
25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 S Suicide 6 Homicide  29a. CERTIFIER (Check only one) 2 MED  29b. SIGNATURE AND TITLE	O MEDICAL Pending Investigation Could not be detarmined ICAL EXAMINER: OF CRATIFIER	10SPITAL:   Inpatient 2   :   28a. DATE OF building, e	ER/Outpetient : NJURY , Year) INJURY — At h tc. (Specify) ny knowledge, d imination and/or	3 DOA 28b. TIM INJ come, farm, a leath occurre investigation	OTHER 4 - Mural E OF LURY M street, fectored at the tiren, in my of	28. PLAC 33-31-31-31-31-31-31-31-31-31-31-31-31-3	E OF DEJ	ATH (Che dence NO	PERFOR  1 YES 2  CK only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and manufacture, data and place, an	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  r or Rural i	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,								
25. WAS CASE REFERRED T EXAMINER? 1   Yes 2   NO 27. MANNER OF DEATH 2   Accident 3   Suicide 6   Homicide 29a. CERTIFIER (Check only one) 2   MED 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined FIFYING PHYSICIA FOR CENTIFIER FOR PERSON WHO CO	AOSPITAL: Inpatient 2 1 28a. DATE OF II (Month, Day) 28a. PLACE OF building, et	ER/Outpetient : NJURY — At h tc. (Specify) ny knowledge, d amination and/or	3 DOA 28b. TIM 1NJ ome, farm, 6 investigatio	OTHER 4 DATUM E OF URY M street, fector ad at the tir	26. PLAC 3- Jung Home 28c. INJUR WORK 1   YES ory, office	E OF DEJ	AATH (Che defence on NO )	PERFOR  1 YES 2  Ck only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and man time, data and place, an IBER	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  or Aural intended.  ted.  ted.  E SIGNEE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,								
25. WAS CASE REFERRED T EXAMINER? 1   YES 2   NO 17. MANNER OF DEATH 1   Natural 2   Accident 3   Suicide 6   4   Homicide 19a. CERTIFIER 1   CERTIFIER (Check only one) 2   MED 19b. SIGNATURE AND TITLE	Pending Investigation Could not be detarmined ITIFYING PHYSICIA ICAL EXAMINER: F PERSON WHO CO	AOSPITAL: Inpatient 2 1 28a. DATE OF II (Month, Day) 28a. PLACE OF building, et	ER/Outpetient :  NJURY — At h tc. (Specify)  Ty knowledge, d ministion and/or  E OF DEATH (ITH	3 DOA 28b. TIM 1NJ ome, farm, 6 investigatio	OTHER 4 DATUM E OF URY M street, fector ad at the tir	26. PLAC 3- Jung Home 28c. INJUR WORK 1   YES ory, office	E OF DEJ	AATH (Che defence on NO )	PERFOR  1 YES 2  CK only one)  6 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and manufacture, data and place, an	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  or Aural intended.  ted.  ted.  E SIGNEE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flowers after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE OF MARY	LAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT		
	1. DECEDENT'S NAME (First, Middle, Last)	Vey	2. DATE OF OEATH MONTH DAY DAY	TEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 15 S. SEX 6. AGI	E (In yrs. Most birthday) IF UNDER 1 YEAR IF UNDER YRS. MONTHS DAYS HOURS	Mem. (Mogth, Day, Year)	SHRTHPLACE (State or Foreign Country) Vashington, D.C.
OR	98. MACILITY NAME (If not institution, give street and number)  HANGE WE MORELAL HOSE		OT ID	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER  OF GOV 28/410 N	101 TE de GR	2 = 2	1 1 X YES 2 □ NO N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	3 2 NO It yes, specify Cuber		I. RACE — American Indian, Black, White, atc.
ED BY	3 Wildowed 4 Divorced WW II  15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a DECEDENT'S LISUAL OCCUPATION	455 KIND OF BURINESS (INDIAS	White
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)  Engineer	Civil Service	70
MO	17. FATHER'S NAME (First, Middle, Last)	18. MOTH	IER'S NAME (First, Middle, Maiden Surname)	OPNIE A.
BE (	Roy L. McVey	Ma	ry Annabelle Doerr	Bellouds
2	19a. INFORMANT'S NAME (Type/Print) Mary Annabelle Doerr		or Aurel Aoute Number, City or Town, State, Zip Co., Havre de Grace,	
	20a. METHOD OF DISPOSITION 2	Db. PLACE AND DATE OF DISPOSITION (Name of ameter, crematory or other piece). A. Ferris & Co., In	OATE 20c. LOCATION - CIT	y or Town, State
	4 Donetion 5 Other (Specify) R  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. A. Ferris & Co., In		ter, PA
	Kennett B. Car		rgo Funeral Home, F MD 21001-3399	.A.
	23. PART i. Entar the diseess, or complications that code shock, or haart fellure. List only one generical	ad the death. Do not enter the mode of dyli		t, Approximata
	iMMEDIATE CAUSE (Final disease or condition resulting in desth)	Cercerona	of lung	Onset and Death
NO	Sequentially list conditions,	A CONSEQUENCE OF T	1	
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A CONSCOUENCE OF).		
CERTIFICATION		A CONSEQUENCE OF):		
님	PART II. Other significant conditions contributing to death	but not resulting in the underlying cause g	Iven in Part i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDIC			1 VES 2 L	COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEATH YES	NO I	1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DE	EATH (Check only one)	
YSIC	1 YES 2 NO 1 Limperfient 2 ER/Ou			
ву рну	27. MANNER OF DEATH  1. Abbura 5 Pending 2 Accident Investigation	28b. TIME OF INJURY AT WORK?  M 1 YES 2	28d. DESCRIBE HOW INJURY OCCUI	RED
9		RY — At home, farm, street, factory, office ecity)	281. LOCATION (Street and Number or City or Town, State)	Rurel Route Number,
COMPLET		wiedge, death occurred at the time, data and place, ion and/or investigation, in my opinion, death occure		
띪	296. SIGNATURE AND FOLE OF CERTIFIER	29c UCE	2 90 DATE S	19 (Month, Gay, Year)
5	UCTOUR! DXUA)	MAD Hams	e de graco	MD
	31. DATE LED (Mooth, Dog Year) 1994 32. CHSTRAP'S SIG	Lion-Randall		

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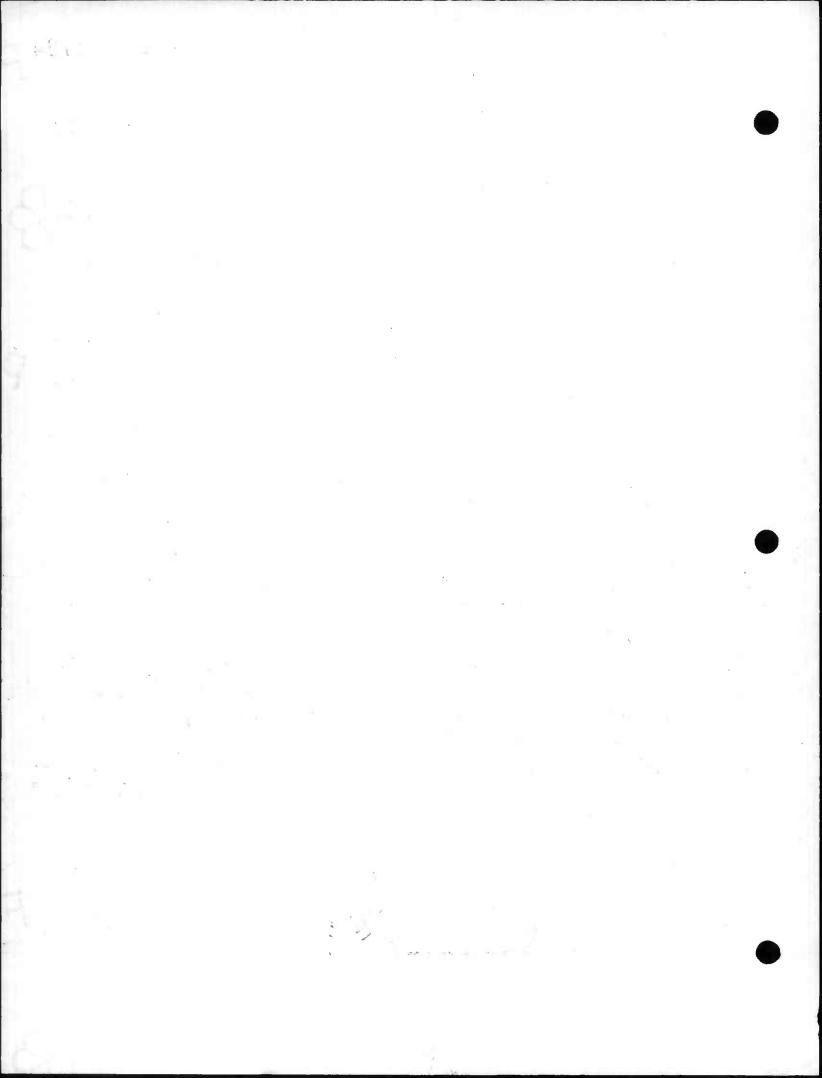
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32. REGISTRAR'S SIGNATURE

	REGISTRAR			CEI	KIII	ICATE	= OF	DEA	I H	_	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)	~Willia	m 1	Ε.	1	Mean	S			2. DATE OF MONTH	0	YAY	YEAR	3. TIME OF	25 A N
	4. SOCIAL SECURITY NUMBER 161-18-9425	5. SEX 1 M 2 F	6. AGE (In )		YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D Dec.	BIRTN (by (bar) 23,	1913	8. BIRTI	PLACE (State	or Foreign
СТОН	90. FACILITY NAME (If not institution, give the Howard County General Presidence of Decement	,	spita	1		9b, CITY		umbi			231	9c. COU	ward		
П	10a. STATE 10b. COUNT Pennsylvania Jef					v, town o		TION	•					10d. INSIDE LIMITS? 1 YES 2	
UNERAL DIR	100. STREET AND NUMBER BOX 2					Vall	101	ZIP COD						WHAT COUNTS	43
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES	2 NO			WAS DEC	1578 ENDENT Cooling Cubic 2 TANO	OF HISPAN	NIC ORIGIN? (S in, Puerto Rici y:	Specify Ye in, etc.)			E — American k, White, atc.	indian,
ETED E	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)	16	(Give	kind of v	e retired.)	during mo	st of working	-	12	ND OF BU	SINESS/INI	DUSTRY	wnite	7
COMPL	17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5 +		Eng Eng	ine	er	mcê	18. MOT		_	negi	e Il		is Ste	
BE	Edward Mean	IS		19b. I	MAILING	ADDRESS	S (Street e			e Bort		vn, State, Zie	D Code)		
2	Helen L. Means	(wife)	20h BI		Sar	ne as	s 10			DATE		CATION —			
	1 Gertel 2 Commetten 3 Rent 4 Donetten 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		cemete	erv. crema	itory or of	her plecel			emat	OÍV CILTÝ	1				
	Davide	2 V	1010	11			Capi	tol 1	Fune.	ral Se	rvic	e			
	iMMEDIATE CAUSE (Final	disease or condition													
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. UNCONTROLLED HYPOGRITENS  DUE TO (OR AS A CONSEQUENCE OF):  TOTAL FIGURETY NEW CITY OF DUE TO (OR AS A CONSEQUENCE OF):														
EDICAL C	PART ii. Other algnificent condition	ne contributing to	death but	not res	ulting i	n the un	derlying	g ceuse (	given in		PERFO		246	. WERE AUTOP: AVAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAUSE
NAN: M	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL		то с	AUS	OF	DEAT			NC	eck only one)				1   TES 2	
PHYSICI	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending	1 Tylinpatient 2 28a. DATE OF (Month, D.	INJURY		28b. TIM	- Y	28c. INJ WO	URY AT		8 Other (S		INJURY OC	CURED		-
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE O building,	F INJURY — atc. (Specify)	At home	ı, ferm, c			YES 2	Лио	28f. LOCATH City or 1	DN (Street lown, State	and Number	r or Rural I	Route Number,	
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE													e) end manner	ee stated.
ΙŏΙ	296. SIGNATURE AND TITLE OF CERTIFIE				ENSE NUN			29d. DAT							



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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / CE	DEPAR	ITMEN	T OF H E OF	IEALTH DE A	AND I	MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DE	ATH
	RUTH MOORE								MONTH 19 DAY 94			94	4:35	Ам
5	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DAT	F OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
*	578-44-6970	1 M 2 X F	91	YRS.						19, 19, 19	903		Öhio	
1 00	9a. FACILITY NAME (If not institution, give str			Y, TOWN C		ION OF DI	EATH		9c. COU	INTY OF E	DEATH	- 4		
ĮĒ	National Luthera	n Home			Ro	ckvi	lle		_		Moı	ntgor	mery	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CI	TY
ā	Maryland Mont	gomery		Roc	kvi	11e							1 X YES 2	NO
\A	100. STREET AND NUMBER					101	ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY	
Ä	9701 Veirs Drive						2085	50			Uı	nite	d State	S
B≺	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XN	MED	13.	WAS DEC If yea, apo	ecity Cubi	ın, Mexica	in, Puerte	ilN? (Specify Yea o Rican, etc.)	or No—	Spec	E — American in ik, White, etc. ://y: D—Ameri	
日日	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)				OCCUPATIO			-10	Bb. KIND OF BUS	INESS/IN			
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	) Hfe.	Do NOT us	te retired.)	ourng mo	at or works	19						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Pı	ofes	sor				_	Univers				
	William E. Moore						l .			, Middle, Malden S	Surname)			
H	19a. INFORMANT'S NAME (Type/Print)		400	MAHANO	400050					Logan mber, City or Town				
유	Sandra C. Jamiso	n								umbus,			210	
	20a. METHOD OF DISPOSITION 14D Burlel 2 Cremation 3 Remo		20b. PLACE A	NODATE	OF DISPO	SITION /No.	me of						Own, State	
	14∑ Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☑ Other (Specify)	val from State	Green	natory or o	ther place.	neter	v	7,	1					
	A   Donetton   5   Other (Specify)   Cemetery, cremation; or other plece)   Green Lawn   Cemetery   7/27/94   Columbus, Ohio													
	23/PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition and the condition are condition and the condition are condition and the										mata Between			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other aignificant conditions ONG Co Fine	contributing to	deeth but not n	eaulting	in the u	riderlying	Couse	given in	Part i.	24a. WAS AN / PERFORI 1 YES 2	MED?	24b	AWAILABLE PRIO COMPLETION OF OF DEATH?	R TO CAUSE
A	25. WAS CASE REFERRED TO MEDICAL				_	26. PL	ACE OF 0	EATH (Ch	eck only a	one)				
Sic		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:				ner (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH T Netural 5 Pending	26a. DATE OF (Month, De	INJURY	28b. TIM	_	28c. INJU	JRY AT			ESCRIBE HOW IN	JURY OC	CURED		
8	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE Of building,	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (S City or Town,								nd Number	r or Rumi f	Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER												a) and manner as	stated.
TO BE	29b. 9 CHATURE AND TYTLE OF CERTIFIER	- 1	N				29c. LICE	ENSE NUM	13	8	29d. DAT	7-/	(Mosen, Derryon	7

LETED CAUSE OF

32 REGISTRAT'S SIGNATURE Like Day don-Randell

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	A res	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	zian.	1
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, engage be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	-transit permit.	1
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	-per	1
	. 4	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG. NO

1. DECEDENT'S NAME (First, Middle, Last  JAMES EDWIN MA	ARSH		51 JA	116		2. DATE OF DE MONTH  JULY 1	DAY	994	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  218-64-9255  94. FACILITY NAME (If not institution, give	5. SEX	6. AGE (In yrs. lest birth	rs. Months	DAYS H	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, SEPTEM	TH Year) BER 2	8, BI	RTHPLACE (State or Foreign unity) 54
SACRED HEART HOS					AND MD	LAIN		ALLEG	
10e. STATE 10b. COUN		100	Weste			1/10			10d. INSIDE CITY TAMITS?  1 4 YES 2 NO
10. STREET AND NUMBER 212 Kelly Av	re.			10f. Z	21562		10	0g. CITIZEN O	US
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED 1 YES 2 ND WAR OR DATES		If yes, spect		NIC ORIGIN? (Spe an, Puerto Rican, ly:		В	ACE — American Indian, leck, White, etc. pecify: White
15. DECEDENT'S ED (Specify only highest grace (Policy Control of the Control of t	UCATION le completed) College (1-4 or 5	(Give kir life. Do f	ENT'S USUAL O	during most of	of working	22000		ESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last)		Theavy	Equip		Mechani 18. MOTHER'S NA	ME (First, Middle,			uction
Clyde J. Mai	rsh	10h MA	AIT ING ADDRESS	\$ (Steel and		Fisher		N-0- 7- 0-4-1	
Regina Marsh	1					ernport			
11/1/1/1			D(	oal Fi	uneral	Home			
23. PART I. Enter the diseases, or ahock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one car	at caused the death. use on each line.	Do not entar	11 Ch	uneral urch St	. Weste	rnpor r reapirate	ct. Md ory arrest,	Onset and Dea
anock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. PULMON  DUE TO  DUE TO  C.	use on each line.	ISM - RCE OF):  LAPROS( RCE OF):	11 Cht	urch St	. Weste	r reapirate	ct. Md ory arreat,	Interval Batwe
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anock, or heert fellure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent condition  OBESITY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. PULMON DUE TO  b. POST ( DUE TO  c. DUE TO  d.	NARY EMBOL.  O (OR AS A CONSEQUEN  O (OR AS A CONSEQUEN  O (OR AS A CONSEQUEN	ISM — NCE OF):  LAPROS( NCE OF):  ICE OF):	11 Chu tha mode	urch St of dying, suc COLECY	Weste the ascardiac of the second sec	Y  MAS AN AUTOPERFORME	TOPSY :	Interval Batwee Onset and Dea SUDDEN  3 DAYS  24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
anock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other aignificent condition  OBESITY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending	a. PULMON  DUE TO  b. POST (  DUE TO  c. DUE TO  d. DONE CONTributing to  PORT CONTRIBUTION 12 (  28a. DATE OF (Month, L.)	NARY EMBOL. O (OR AS A CONSEQUEN O (OR AS A CONSEQUEN O (OR AS A CONSEQUEN O (OR AS A CONSEQUEN O deeth but not resul	ISM — ICE OF):  ILAPROS  ICE OF):  ICE OF):	the mode  copic  copic  copic  anderlying of the mode	COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY	Weste the ascardiac of the second sec	Y  MAS AN AUTOPERFORME YES 2	TOPSY :	Interval Batwee Onest and Dea SUDDEN  3 DAYS  24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
anock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition  OBESITY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2   ND  27. MANNER OF DEATH  1   Natural 5   Pending	a. PULMON  DUE TO  b. POST (  DUE TO  c. DUE TO  d	NARY EMBOL.  O (OR AS A CONSEQUEN  O (OR AS	ISM — ICE OF):  LAPROS( ICE OF):  ICE OF):  ITING OF INJURY M	11 Cht tha mode tha mode tha mode  COPIC  28. PLAC R: R: R: R: R: R: R: R: R: R: R: R: R:	COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY  COLECY	Weste th as cardiac o  STECTOM  Part I. 24a.  1	Y  AAS AN AUTOPERFORMER  YES 2 (1)  HOW INJU	TOPSY :: ON OCCURED	Interval Batwee Onest and Dea SUDDEN  3 DAYS  24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
anock, or heert fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the conditions	a. PULMON  DUE TO  b. POST (  DUE TO  C. DUE TO  d. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE TO  D. DUE	WARY EMBOL.  OP AS A CONSEQUEN  OPERATIVE  O	ISM — ICE OF):  ILAPROS ICE OF):  ILAPROS ICE OF):  ICE OF):  ITHE OF INJURY IN	11 Cht the mode the m	COLECY  COLECY	Part I. 24a.  1   1   26t. LOCATION City or Town	Y  MAS AN AUTERFORME  YES 2  (Street end, State)  and manner  lace, and di	TOPSY TOPSY TOPSY ON TOPSY NO  JRY OCCURED  Number or Rul r se stated.	Interval Batwee Onest and Dea SUDDEN  3 DAYS  24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
anock, or heert fellure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  OBESITY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 ND  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. PULMON DUE TO b. POST ( DUE TO c. DUE TO d. DOE TO D. DOE TO D.	DEPT.	ISM — NCE OF):  LAPROS ( NCE OF):  ICE OF):  Iting in the unity of the control of	the mode the mode the mode the mode  COPIC  28. PLAC R: raing Home 26c. INJUR 1	COLECY  COLECY	Part I. 24a.  1 Deck only one) 6 Other (Special Describer City or Town of the cause(a) of time, date and p	Y  MAS AN AUTHERFORME YES 2  (ty)  HOW INJU (Street end in, State)	TOPSY TOPSY	Interval Batwee Onest and Dea SUDDEN  3 DAYS  24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

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FOR

	1 - STATE REGISTRAR	SIAIE UF I	MANTLAND /	RTIF	ICATI	E OF	DEAT	AND I	MENIA	REG. NO.	Ŀ				
9	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH		YEAR	3. TIME OF D	EATH	
	JACOB LEE		McCle	ella	n				Jul	y 22,	1994	HAST	5:30	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH th, Day, Year)		8. BIRTH Count	IPLACE (State or	Foreign	
	214-05-8128	1 M 2 🗆 F	77	YRS.	MONTHS	DATS	HOURS	MITT.		13 19	16	MARY			
~	9a. FACILITY NAME (If not institution, give s	,			9b. CITY	, TOWN C	OR LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH		
5	Memorial Hospita	<u> </u>			C1	umbe	rland	1			A11	egan	У		
EC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN (	OR LOCAT	ION						10d. INSIDE C	ITY	
DIRECTOR	MARYLAND ALI	LEGANY		LA	VALE								LIMITS?	M NO	
	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY		
FUNERAL	410 NATIONAL HIG	HWAY					2150	02				U.S	.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ABA	MED						N? (Specify Yes	or No-	14. RACI	E — American in k, White, atc.	ndian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			1 YES	2 NO	Specify		Rican, atc.)		Spec		'E	
	15. DECEDENT'S EDU	CATION	18a DEC	PEDENT'S	USUAL O	CCLIDATIO	M		140	b. KIND OF BUS	INESS (IN	DUCTON	*******		
E	(Specify only highest grade	completed) College (1-4 or 5	(Gh	ve kind of			st of working	g	10	D. KIND OF BUS	MESS/IN	DUSTRY			
PL	10	College (1-4 or 5		RAI	LROAI	D			T	RAINMA	N/RA	ILRO	AD		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			,			18. MOTH	ER'S NA	ME (First,	Middle, Malden	Sumame)				
BE (	JOHN CLAIRE 1	1cCLELLA	V				N	1ARY	ANN	FINK					
TO E	19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow					
_	LEONA McCLELLAN						HIGHV	VAY	-	ALE MA			21502		
	28a METHOD OF DISPOSITION 1.5 Burlal 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cren	netory or o	ther place)				DAT	TE 20c. LO	CATION —	City or To	own, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	SUNSE	r CE	METEI	RY J	ULY 2	S OE FA	994 CIUTY			ND M	ARYLANI		
	A 141	M SH								RAL HO					
	23. PART i. Enter the diseases, or o	Herry								CUMBE					
	shock, or heart failure.	List only one car	use on aach iina.	itth. Do	not anter	tna mo	da ot dyn	ng, suci	n aa car	diac or respi	ratory ar	rest,		Between	
	iMMEDIATE CAUSE (Final disease or condition	1/2	0	1		. ^						6	Onset	ind Death	
	resulting in death)	DUE TO	(OR AS A CONSEO	UENCE O	F):	100	1						X		
z															
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSED	UENCE O	F):										
2	CAUSE (Disease or injury	C													
THE	that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSEQ	UENCE O	F):										
CEF		d											İ		
AL	PART ii. Other algnificant condition	s contributing to	death but not re	auiting	in tha ur	ndariying	g cause g	iven in	Part i.	24a. WAS AN PERFOR		24b	WERE AUTOPS		
MEDICAL						_				1 🗆 YES	NO		COMPLETION CO	F CAUSE	
	DID TODA GGO HAT										/		1 🗍 YES 2 [	□ NO	
AN.	DID TOBACCO USE	CONTRIBUT	E TO CAUS	SE OI	DEA										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHE	R:	ACE OF DE								
HYS	1 YES 2 NO 27. NAMMER OF DEATH	28a. DATE OF	ER/Outpatient 3	28b, TIN		sing Hom 28c. INJ	e 5 🗆 Re	sidence		er (Specify) SCRIBE HOW II	HILIBA UC	CHRED			
	Natural 5 Pending	(Month, L			JURY M	WO	RK?	NO NO	200. DE	JOHNEL HOW I	100111 00	CONED			
Э ВУ	3 Suicide & Could not be	ne, farm,	street, fact			-			and Numbe	r or Rural I	Route Number,				
had I	3 Suicide 8 Could not be detarmined 288. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe									or Town, State)				- 1	
쁘		building		29a. CERTIFIER											
LETE	4 Homicide determined		f my knowledge, des	ith occurr	ed at the t	time, date	and place.	and due	to the co	use(s) and mar	mer as sta	ted.			
OMPLETE	4 Homicide determined  29a. CERTIFIER (Check only	CIAN: To the best of	f my knowledge, das										s) end manner a	s stated,	
E COMPLETED	4 Homicide determined  29a. CERTIFIER (Check only	CIAN: To the best of						ed at the	1lme, dat		d due to t		1		
BE	4 Homicide detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of					eath occur 29c. LICE	NSE NUM	Ilme, data		d due to t	he cause(s	1		
	4 Homicide detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	CIAN: To the best of	examination and/or in	nvestigatio	on, in my c		eath occur 29c. LICE	ed at the	Ilme, data		d due to t	he cause(s	1		
BE	4 Homicide detarmined  29a. CERTIFIER (Check only one) 2 MEDICIL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WH  Dr. Guy Fiscus, 1	CIAN: To the best of R. Or the basis of a R. Or the	SE OF DEATH (ITEM	1 27) (Type	on, in my o	opinion, d	29c. LICE	NSE NUN	ilme, data	a and place, an	29d. DAT	he cause(s	1		
BE	4 Homicide detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND THICE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WH  Dr. Guy Fiscus, 1  31. DATE FILED (Month, Day, Year)	CIAN: To the best of R. Or the basis of a R. Or the	SE OF DEATH (ITEM HOSPITA) AR'S SIGNATURE	1 27) (Type	on, in my o	opinion, d	29c. LICE	NSE NUN	ilme, data	a and place, an	29d. DAT	E SIGNED	1		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and reduce death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 5 1994

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s frours after death. Page 6 may be rotained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After	filed within 72 hours after deat	PORTANT: If Item 28 is m

	1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AN	D MENTAL	HYGIENE REG. NO.				
2000	1. DECEDENT'S NAME (First, Middle, Last) RUDY LAWE	MAThew	S		2. DATE O		94	3. TIME OF GEATH		
	4. SOCIAL SECURITY NUMBER 219-05-305 6  9a. FACILITY NAME (If not institution, give in	1 🗆 M 2 💢 F	(In yrs. lest birthday) FU MONT	12-	3-22	m	THPLACE (State or Foreign intry) AN LAND			
DIRECTOR	HAHLY HALL I	Jursing H		COMOKE CI	TY M	d. i	LOTCE C	1		
	Maryland Seme	rset		www or location				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	Rut 1P. Bx. 56	33355 Cest		101. ZIP CODE 21851	PANIC ORIGINA	τ	Inite			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		2 NO	If yes, specify Cuban, Me	xican, Puerto Ri ecily:	can, etc.)	Bla	CE — American Indian, ack, White, etc.		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	Iffe. Do NOT use retir	one during most of working	020	ucatio				
COMPL	17, FATHER'S NAME (First, Middle, Last)	-ps eu.	Teg oher	18. MOTNER'S		ddle, Malden Surn				
BE	George Clinter	Lane	Silver resources	Ethe.			later	6		
5	Delene & nnett	Matthews		RESS (Street end Number or R.				21851		
3	20e_METHOD OF DISPOSITION 1 Language 2 Cremation 3 Rem	20	b. PLACE AND DATE OF DIS	POSITION (Name of	DATE	20c. LOCATI	ON — City or	Town, State		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	metery, crematory or other pl	22 MARIE END ADDRESS OF	CA CH ITH					
	Vo.	Sal	avas	New Churc	h. Va	23415		me P.O.B		
		complications that cause List only one cause on a	ed the death. Do not en	nter the mode of dying,	such an cardi	ac or reapirato	ry arreat,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. MULTI	LE BRI	AIN TUMO	RS, M	ETAS	TATIC	Onset and Death		
N	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
THE	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
CER		d								
SAL	PART II. Other algorificant condition	e contributing to death in FT S()	but not resulting in the	underlying cause given	In Part I. 2	4a. WAS AN AUTO PERFORMED		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC		FT SCI	FMIPAR	FCIS		YES 2 0	40	OF DEATH?		
N.								1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH						
HYS	1 ☐ YES 2 🔀 NO  27. MANNER OF DEATN	1 ☐ Inpetient 2 ☐ ER/Out  28a. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residen  28c, INJURY AT		Specify) RIBE HOW INJUR	Y OCCURED			
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	WORK?			TO OCCUPIED			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route in City or Town, State)									
COMPLETED		CIAN: To the best of my know						(e) end manner se stated.		
BE	296. SIGNATURE AND TITLE OF CONTIFIE	015	R	29c. LICENSE				D (Month, Day, Year)		
5	30 NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	N 2	9505		07-	17-94		
	GREGORIO M	1. BELLOSE		21 BEECHA	000P.	CRISE	TELD	MD 21817		
	31. DATE FILED (Month, Day, Year)  JUL 19 199	32. REGISTRAR'S SIGN	PATURE							

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Georges Militan Lane

Larlene I nnette Verthewn 3535 Conten Mi. Localame City, No. 21831

. Britonville Twinty, Genetery Recomme dity, Md.

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- Lew Cauch, 1- 22415

1	-	FOR STATE REGISTRAI
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	1 - STATE REGISTRAR	SIAIE UF MANTL	CERTIF	ICATE (	OF DEA	TH	MENIAL HYGIENI REG. NO.	E.		
	1. DECEDENT'S NAME (First, Middle, Leal)						2. DATE OF DEATH			3. TIME OF DEATH
- X	Rose M. Morgal						July 18	3 19	994	4:00Am
- 1	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP	LACE (State or Foreign
	216-25-2766	□ M 2 🟋 69	YRS.	MONTHS D	AVS HOURS	MIN.	12/26/24			ington, D.C
	9a. FACILITY NAME (If not institution, give street	and number)		96. CITY, TO	WN OR LOCA	TION OF D		9c. COU	INTY OF DE	
OR	107 Tate St.			White	Plair	ıs		Cha	rles	
ទួ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		T too CIT	Y, TOWN OR L	OCATION					
H		-							1997	10d. INSIDE CITY LIMITS?
-	Maryland Charle	<u>s</u>	wn:	ite P1	ains lor, zip co	DE		10.0 017		YES 2 NO
RA	107 Tate St.				2069					TAI COUNTRY?
FUNERAL DIRECTOR		2. WAS DECEDENT EVER I	N U.S. ARMED	13 Wh5			NIC ORIGIN? (Specify Yea	US.		- American Indian,
B≺	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2X YNO	II ye		ban, Maxica	in, Puerto Rican, atc.)	or No-	Black, Specify Whit	White, etc.
	15. DECEDENT'S EDUCATE (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCU	PATION	ldese	16b. KIND OF BUS	INESS/IN	·	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal	se retired.)	ng most or wor	king	at Home	2		
M I	12th									
	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden			
BE	John Sita  190. INFORMANT'S NAME (Type/Print)		Energy control				ed Beck			
2	Daniel K. Morgal		1				Route Number, City or Town	ı, Stata, Zi	p Code)	
	200. METHOD OF DISPOSITION			e as i		)				7.5
	1 Donation 5 Offer (Specify)	from State CAR	o.PLACEAND DATE getery, cremetory or o CESUTTECT	ther place!		7			City or Tow	
	21. SIGNATURE OF UNERAL SERVICE LICENS	SEE ,	vesui i eci	22. NAI	AE AND ADDE	ESS OF FA	/20/94 Cli			•
- 0	1 M 01	//					as Funeral			
- 1	23 PART I. Enjoy the diseases, or com	also D'					1_Rd. Oxon			. 20745
	effock, or heart failure. Lief IMMEDIATE CAUSE (Finei disease or condition resulting in death)	CARDI	AC .	ARR	EST			•		Approximata Interval Batwesn Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  ATHERO-SCLEROTIC-HEART DISEASE  DUE TO (OR AS A CONSEQUENCE OF):  d.									
	PART II. Other significent conditions c	ontributing to death b	out not resulting	in the unde	rlying ceuse	given in	Part i. 24s. WAS AN.			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	DIABET		ELLI				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	DID TOBACCO USE CO	ENSION						A		OF DEATH?
=	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE O	DEATH	YES		⊃ ⊠			
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF	DEATH (C)	neck only one)			
S	the same of the sa	OSPITAL:	patient 3 🗆 DOA	OTHER: 4 Nursing	Home 5	Rasidence	6 Other (Specify)			
동	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28	c. INJURY AT WORK?		28d. DESCRIBE HOW IN	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2	□ NO				
- 1	3 Suicide 6 Could not be determined	f — At home, term, cily)	street, factory,	offica		261. LOCATION (Street a City or Town, State)	nd Numbe	v or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C									and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER		000		29c, Li	CENSE NU	MBER	29d. DA	TE SIGNED (	Month, Day, Year)
BE	V. Anm	augou	A June		1	26	064	•	7-10	7-94
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)						
	V. ANMANGANDLA.		2 CHARL	20778	HALL	, MI	20622			
	JUL 2 0 1994	32. REGISTRAR'S SIGN	INCOME							

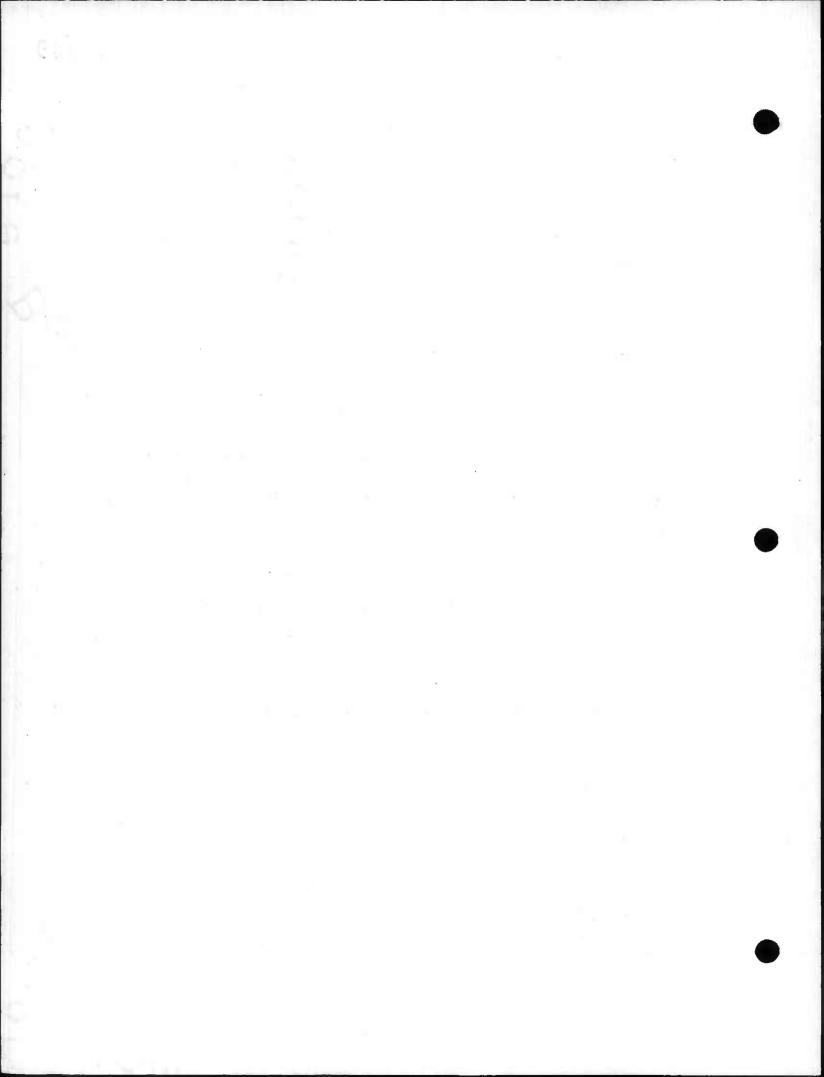
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transist be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** 

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	BALTIMORE, MARYLAND 21215-0020	death	fune	хаш
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JR AT	NUTS A	em 2
		TAL C	34 C	If II
		HOSP	TUNE	ANT
		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with our after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrifit. Per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
		2	23	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	CATE OF	DEATH		REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEATH
- 61	CHARLES ANTHONY	MOMT	T2 37			JULY	1.2 DA	199	YEAR	10:59 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		195		IPLACE (State or Foreign
	231 64 6780 1-M 2	F 46	YRS.	HONTHS DAYS	HOURS MIN.	12-2	9-19	47	Count	RGINIA
H.	9e. FACILITY NAME (If not institution, give street and number	Seta driv	78	96. city, тоwn Lanhan	OR LOCATION OF DE	EATH			ince	e Georges
Ĕ	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Prince Ge	orges	Lan	town or Local	TION					10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
1	10a. STREET AND NUMBER	NE-S		10	f. ZIP CODE	-		10g, CIT	IZEN OF Y	WHAT COUNTRY?
NER	6413 Seta Dr.				20706				SA	
COMPLETED BY FUNERAL		EDENT EVER IN U.S. A 1 X YES 2 D IVE WAR OR DATES	RMED NO	If yes, sp	CENDENT OF HISPAN Hecity Cuben, Maxica is 2 2. NO Specifi	n, Puerto Ric		or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S U	SUAL OCCUPATI	QN	16b. K	IND OF BUS	INESS/INI	DUSTRY	Didon
LEI	(Specify only highest grade completed)  Elementary/Secondary (0-12)  12th  Cotlege (1-4)	or 5 +)	e. Do NOT use	erk done during me retired.)	4-1-22-5			vat		
ž			TVIC	C2 1CC						
	17. FATHER'S NAME (First, Middle, Lest)  Buford Motley, Sr.				Hazel			Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)	11	Db. MAILING	ADDRESS (Street	and Number or Rural	Boute Number	City or Town	State 7is	n Code	
임	Hazel W. Motley				r. Lanl			207		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State	cemetery, cr	ematory or oth	DISPOSITION (N er place)		DATE				own, Stata
	4 Donation 5 Other (Specify)	MARY	LAND	VETER	ANS CEM	7-20	MARRI	SON	FORI	EST MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Bla	Nto	J.B	DENKI LANDOV	NS FU	JNERA DAD I	AL H	OME	20785 R,MARYLAND
	23. PART i. Enter the diseasea, or complications shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	CAR	e. CINOI	ot anter the mo						Approximate Interval Batween Onset and Death 8
	DU	E TO (OR AS A CONSE	QUENCE OF)	:						0 1100111
_	ING.	UINAL 1	META	STAS IS						
ੇ∥	if any leading to immediate	E TO (OR AS A CONSE	QUENCE OF)	:						
3	cause. Enter UNDERLYING	CA-ABDOR	LINAL	META	STASIS					
CERTIFICATION		E TO (QR AS A CONSE								
	resulting in deeth) LAST									
5   5	V									
EDICAL	PART II. Other algnificant conditions contributing	g to deeth but not	reaulting in	the underlyin	g ceuse given in	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS
2							YES 2	1		COMPLETION OF CAUSE OF DEATH?
										1 YES 2 NO
SICIAN: M										
K	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (Ch	neck only one)	-			
2	EXAMINER?  1 YES 2 NO 1 Inpetient	2 ER/Outpatient		OTHER:	1		12-11			
РНУ		E OF INJURY	28b. TIME		Ne 5 Residence			LILIEN OO	OURCO	
BY P	1 Netural 5 Pending (Mor	nth, Day, Year)	INJU	RY W	YES 2 NO	28d. DESC	N WOH BBIR	IJURY OC	CUREO	
	2 Accident 3 Suicide 6 Could not be determined 4 Homicide 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26b. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)							Route Number,		
COMPL	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be	at of my knowledge, d	leath occurred	at the time, date	and place, end due	to the cause	(e) and man	ner as sta	ted.	
5	one) 2 MEDICAL EXAMINER: On the beeld	of examination end/or	Investigation	, in my opinion,	leath occured at the	time, dete ar	d place, and	due to ti	he cause(	e) end menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MREG		204 DAT	E GIGNET	(Month, Day, Year)
200	Theward yas Rins	IMO			D431			<b>&gt;</b> /	1/14	194
	30. NAME AND ADDRESS OF PE OF WHO COMPLETED MELVIN W. GALINS, NO.	SE OF DEATH (ITI	EM 27) (Type, I	Print)			(11011	16	MO	2072
I			-ENTE	L HAL	4.00	THUT		u,	IV	20/2/
		dson-Randall	2							

DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physic	hours after death. Page 6 may be retained by the hospital or attending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	lified in by the funeral director, page 5 should be detached for use as the buria atton, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT			3. TIME OF DEATH
	Samuel	H. Nickle			Jul 15	1994	YEAR	9:00p M
			IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	215-30-4518 1× 1× 1× 1× 1× 1× 1× 1× 1× 1× 1× 1× 1×		ONTHS DAYS	HOURS MIN.	(Month, Day, Yea	r)	Countr	y)
	9s. FACILITY NAME (if not institution, give street and number)				Jan 5 1		MD	-
or I		1		R LOCATION OF DE	ATH		NTY OF D	EATH
0	Calvert Manor Nursing	Home	Rising	Sun		Cec	il	
5	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	400 CITY	TOWN OR LOCAT	1011				
DIRECTOR	MD Cecil	I .	ng Sun					10d. INSIDE CITY LIMITS?
		1,131						t TYES 2XXNO
¥	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CIT		VHAT COUNTRY?
ψl	1881 Telegraph Rd			21911	L		US	SA
FUNERAL		EVER IN U.S. ARMED YES 2 X NO		ENDENT OF HISPAN			14. RACE	— American Indian, k, White, etc.
	IF YES, GIVE WA			cify Cuban, Maxicar 2XXNO Specify		.)		y: White
BY	3 Wildowed 4 Divorced							,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	SUAL OCCUPATIO	N	16b, KIND OF	BUSINESS/INC	DUSTRY	
딟	Elementary/Secondary (0-12) College (1-4 or 5+)	His Do NOT use	retired.)	st or working	Agri	cultu	re	
립	6 0	Farmin	g		Labo		10	
9	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Ma	iden Surname)		
0	John B. Nickle			Harriet	Trimb	1 e		
8	19s. INFORMANT'S NAME (Type/Print)	19h, MAILING A	DDRESS (Street or	nd Number or Rural R	hute Mumber City or	Town State 7h	Code!	
2	H Earl Nickle			e Rd At			2100	) 1
	20s. METHOD OF DISPOSITION	20b. PLACE AND DATE OF						
	1 💢 Burisi 2 🗆 Cremation 3 🗆 Removal from Stats	cemetery, cremetory or other	r niecel		1	LOCATION -		
- 1	4 Donation 5 Other (Specify)	Brookview	Cemet	ery 7-1	L9-94  R	ising	Sur	n, MD
l	21. SIGNAL DIE OF FONESIAL SERVICE LICENSEE	7 1	22. NAME AN	D ADDRESS OF FAC	R T	Foard	Fur	neral Home
	Trahand &	200	111 S	Queen	St Ris	iing	Sun	MD 21911
	23. PART I Enter the diseases, or complications that	caused the death. Do no	t enter the mo	de of dving, auct	as cardiac or n	eapiratory an	rest	Approximate
	anock, or heart fellure. List only one/caus	e on each line.		,				Interval Between
- 4	IMMEDIATE CAUSE (Final disease or condition	00 1-1	0 1	4				Onset and Death
	reaulting in death) a.	PASA CONSEQUENCE OF):	leup	ma				6 mmm
	DOE TOP	THE ASIA CONSEQUENCE OF):						1
MEDICAL CERTIFICATION	Sequentially list conditions, b.	OR AS A CONSEQUENCE OF):						
F	If any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF):						
5	CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF:						
Ē	that initieted events resulting in death) LAST	on as a consequence or).						j l
点	d							
ا بِـ	PART II. Other aignificent conditions contributing to c	leath but not resulting in	the underlying	cause given in		S AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
2						RFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
					1   YE	S 2 0 NO		OF DEATH?
								t YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE	TO CAUSE OF	DEATH Y	ES NO				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26, PL OTHER:	ACE OF DEATH (Che	ick only one)			
YSI	1 TES 2 NO 1 Inpetient 2 I	ER/Outpetlent 3 DOA		5 🗆 Residence	8 Other (Specify)			
표	27. MANNER OF DEATH 28s. DATE OF I	NJURY 28b. TIME (NJURY) INJUR	OF 28c. INJU		28d. DESCRIBE HO	OW INJURY OC	CURED	
ΒY	1 Natural 5 Pending 2 Accident investigation	3.10	M 1 🗆 Y					
	3 Suicide 2 28s. PLACE OF	INJURY — At home, farm, stritt. (Specify)	eet, factory, office		28f. LOCATION (St	reet and Number	r or Rural F	Route Number,
E	4 Homicide determined	ta (opecity)			City or Town, S	iraro)		
COMPLETED	298. CERTIFIER   DECERTIFYING PHYSICIAN: To the head of	ny kaomindra doeth account	at the time date					
₹	(Check only one) 2 MEDICAL EXAMINER: On the best of av							
8	2 MEDICAL EXAMINER: On the basis of exa	immedian snozar investigation,	in my opinion, a	ann occured at the	time, dats and place	e, and dus to th	te cause(s	) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
	all all	or MD		0-1111	5	<b>&gt;</b> 7	)-18	794
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CHUS	OF DEATH (ITEM 27) (Type, P	rint)	0	0	Ja -		
	Weil Taylor	MO PP.	459 -	- Kizi	LA SLA	m C	(2)	19/1
	31. DATE FILED (Month, Day, Year) 32( REGISTRAR	'S SIGNATURE			0	1		
	JUL 1 8 '94 Julia Savidan	- Andell			~			
								DHMH-16 Rev 1/89

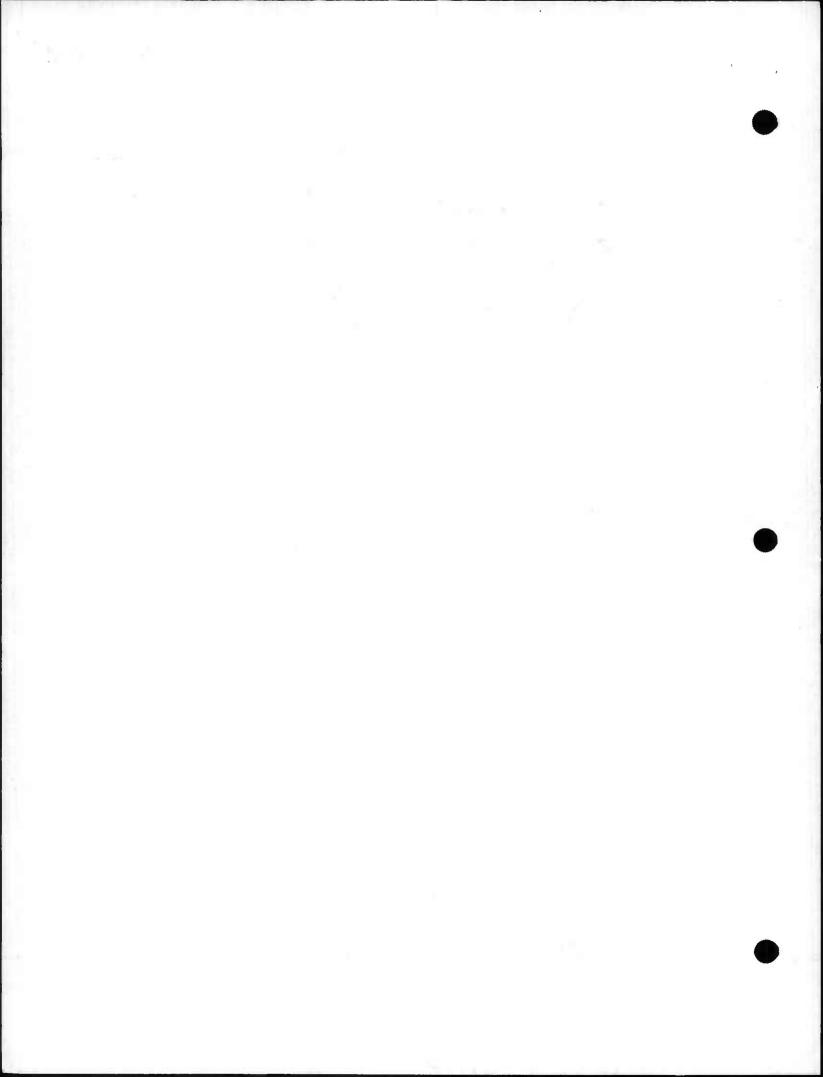
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BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physicial	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundar-t
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	d with	omplete
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FOR 1 - STATE REGISTRAR		STATE OF !		/ OEPAF					MENT	AL HYGIE			
1. DECEDENT'S NAME (First Roland		worth	Nail:	1					MO	TE OF DEATH	DAY 1 0 0	YEAR	3. TIME OF DEATH
7									$\leftarrow$	11y 22	199	_	1229
4. SOCIAL SECURITY NUM 216-18-0		5. SEX 1 XM 2 - F	6. AGE (In yrs. 76	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	Ser	onth, Day, Year)	1917	6. BIRT	HPLACE (State or Foreign
Sa. FACILITY NAME (If not i	natitution, give st	reet end number)			9b. CITY	TOWN (	OR LOCAT	IDN OF D	EATH		9c. COU	NTY OF D	DEATH
Carroll	Hospi	tal	1	Wes	tmir	ste	er		Ca	rro	11		
10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN D	R LOCA	ION						10d. INSIDE CITY
MD		rroll			]		ersk		Ţ				LIMITS?
10e. STREET AND NUMBER							. ZIP COD				77.0		WHAT COUNTRY?
6315 Geo	rgeto	vn Blvd	., Ap	t. C			2178	34			U.S	•	
11. MARITAL STATUS 1 Never Married 2X 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 WAR OR DATES		- 1	if yes, sp	ecity Cube	en, Mexic	en, Puer	GIN? (Specify Y to Rican, etc.)	e or No—	Blac	E American Indian, sk, White, atc.
(Specify or	CEDENT'S EDUC			DECEDENT'S (Give kind of life, Do NOT u	work done (	CCUPATION TO THE	ON ost of worki	ing	1	66. KIND OF B	JSINESS/INC	DUSTRY	
Elementary/Secondary	0-12)	College (1-4 or 5	+)	1,000	,	m z l	01/01			7004	al s	OTT	rice
12 17. FATHER'S NAME (First, I	fielette 1			posta	T 6	шЬт		-				CT A	166
										t, Middle, Maide	,		
Harvey E		TT								Chane	-		
190. INFORMANT'S NAME													21784
Ina Eliz	abeth	Naill_		6315	Ge	org	etor	m I	31 <b>v</b> (	l, Apt	. C,	E1	dersburg
20e. METHOD OF DISPOSE X Buriel 2 Cremete 4 Donation 6 Othe	on 3 🗆 Remo	oval from State	Goirigiory,	cremetory or o	min prace/		-	•	4		OCATION —		own, State
21. SIGNATURE OF FUNER		ENSEE	Lidk	e vie			ID ADDRE				kesv		e, mu
<b>.</b> ./	. 0				P:	rit	ts I	une	eral	L Home	& C	hap	el
Kather	ne YM	the-Swe	thir		4	12	Wasl	ninc	to	n Rd.	Wes	tmi	nster, M
23. PART I. Enter the cahock, or I	neart fallure. I	omplications the	it calused the use on each li	deeth. Do i ina.	not enter	tha mo	de of dy	ring, suc	ch aa c	ardiac or rea	piratory an	rest,	Approximata Interval Betwee Onset and Das
disease or condition resulting in death)	<b>→</b>		OR AS A CONS			1	18	le	W	an			Infay
Sequentially list condi	tiona, ediata	A	(OR AS A CONS	2	de	yo	Co	eli	al	Inf	enti	zh	(mg
cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events		DUE TO	(DR AS A CONS	SEDUENCE O	FI:								
resulting in death) LAS	TE .	ı											
PART II. Other algnific	ant condition	a contributing to	death but no	t resulting	In the un	derlyln	g cause	given in	Part i.		RMED?	241	b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
													1 TYES 2 ND
25. WAS CASE REFERRED	TO MEDICAL		76.2	parkin.		26. PI	ACE DF	DEATH (C	heck only	one			
EXAMINER?		HOSPITAL:	d Sall Dudanastran	2 [] 504	OTHER	a:	-			LI PETETE PARTI			
27. MANNER OF DEATH		1 Inpatient 2 G						esidence	_	ther (Specify)	IN INDV CO	CUBSO	
	Naturel 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO												
2 Dutalda —	Could not be determined	28e. PLACE C building,	OF INJURY — At etc. (Specify)	home, term,	atreet, fact	ory, offic	•		28t, L	OCATION (Streetly or Town, State	t end Number	r or Rural	Route Number,
onel		CIAN: To the best of											e) end manner ee stated.
29b. SIGNATURE AND TITL							_	ENSE NU		a.			O (Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHI	COMPLETED CALL	SE OF ORATH (I	TEM 27) (%~	Print1		D	) B	€	0	7	71	22199
0115-0	CHIS	N/1 1/	1011	A 1 .A	700	74	DA	P	120	x w	enon	mm	ey MI)

32. REGISTRAR'S SIGNATURE

. Divideor Randell



1

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

38 2

4 🔲

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 <sup>N</sup> ZAI'S after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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										14	2219.	3
FOR STATE REGISTRAR		STATE OF MA	RYLAND /	DEPART ERTIFIC	MENT OF	HEALTH F DEA	AND I	MENTAL HYGIEN				
1. DECEDENT'S NAME (First	P	NORTI	HAM.					2. DATE OF DEATH MONTH	AY	JEARY	3. TIME OF DEATH 6:45P.	м
4. SOCIAL SECURITY NUMBER 217-74-567	5	1 M 2 DF	AGE (In yrs. Ias		IF UNDER 1 YEAR	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12 02	1893	Country	PLACE (State or Foreign	n
Mannkin RESIDENCE OF DEC			Home	- 1	96. CITY, TOWN					ome:	rset	
Maryland	10b. COUNTY			10c. CITY,	inces		1e				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
Manokin M		12. WAS DECEDENT EV	VER IN U.S. AR	MED	13. WAS D	101. ZIP COD	L 853 De hispan	IIC ORIGIN? (Specify Yes		U .	- American Indian.	
3 Widowed 4 Divo	1 Newer Married 2 Merried 3 Widowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				If yes, specify: Cultin, Mexican, Puerto Rican, etc.)  1 YES 2 No Specify: White, etc.  Specify: White							
(Specify onl	EDENT'S EDUC y highest grade 1-12)	College (1-4 or 5+)	(Gi life.	ive kind of wo Do NOT use	,	FION most of worldr	g	16b. KIND OF BU				
17. FATHER'S NAME (First, M	iddle, Last)			Home	maker	18. MOTI	IER'S NAI	ME (First, Middle, Maiden	n Ho	ome		_
William  190. INFORMANT'S NAME (		as Phill		****				le Price				
Mr. Charl		Northam						Princes			Md. 218	53
20a, METHOD OF DISPOSIT  1 Description Surface  4 Donation S Other	on 3 🗆 Remo (Specify)			ND DATE OF	DISPOSITION (			OATE 20c. LO	CATION -	City or Tow		00
21. SIGNATURE OF FUNERA	J. 11	linne f	MOO	295	22. NAME Hir 116	man 73 So	Fun mers	eral Hom	e Pr.	Anne		 53
23. PART / Enter the di shock, or h IMMEDIATE CAUSE (Fir	DEST SERVICE. L	ompilestions that cause is	used the decon each line.	ath. Do no	t enter tha m	oda of dyi	ng, such	as cardiac or respi	ratory arr	est,	Approximate interval Batwe Onset and Da	een

IMMEDIATE CAUSE (F disease or condition resulting in death) CV Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PLACE OF DEATH (C	heck only one)			
1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	OTHI	ER: ursing Home 5 - Reeldence	ence 6 Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not		ome, ferm, atreet, fa	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			

29e	CERTIFIER	4 Commission and the second se
	(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.
		2 MEDICAL EXAMINED: On the basis of examination and/or investigation

	<u></u>		of the day of the state of the
196 SIGNATURE AND TITLE OF CERTIFIER	- 4-3	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day Year)

30. NAY AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Santiano 100 Pth Street Pocomoke City G. MO 100

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

1 YES 2 NO

E 2 ( ) . . .

- T

Marine of week

- 22--

BALTIMORE, MARYLAND 21215-0020

retained by the hospital or attending physic

after death. Page 6 may be

DIVISION OF VITAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be executed with HOSPITAL OR ATTENDING PHYSICIAN:

DIRECTOR: After the hours after death

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: It Item 2

28 is

BE 2 296. SIGNATURE AND TITLE OF CERTIFIER

Bostick

2 1 1994

M.D

32. REGISTRAR'S SIGNATURE
Jalia Davilson Royall

Anthony L.

5 should be detached for use as the burial-transit permit, I		
uld be detached		ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ge 5 sho		e notifi
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ittending physician and completely filled in by the funeral director		xaminer
in by the	i. or removal.	edicai e
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9	d Mental	injury, o
as been signed by the att	leath with the State Dept. of Health and A	ws any
as been	lept, of	23 sho
ficate hi	State C	T Item
After this certificate	rith the	ed, 01
Wher th	leath w	mark

94 22794 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH. July PAY 6 1954 2045 Franklin, T., Olive 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 550-50-0695 NOV . 5 76 1 XM 2 | F 1917 Guam 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Hospital St. Mary's DIRECTOR Leonardtown RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Fort Washington Prince George's 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 401 Kerby Parkway 20744 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WITH OR DATES NW II, Korean 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify, Cubert, Maxican, Puerto Rican, stc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Malayan COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high mentary/Secondary (0-12) College (1-4 or 5+) Aviation storekeeper U. S. Navv 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Euell Francis Olive Conception Taitano BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stelle, Zio Code) 2 Louise Olive 401 Kerby Pkwy, Ft. Washington, Md. 20744 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Arlington National /22 Arlington, Va. 21. SIGNATURE OF FUNERAL SPRINCE LICENSEE 22. NAME AND ADDRESS OF FACILITY The Huntt Funeral Home, Inc. G. Brohawn M00053 P.O. Box 156, Waldorf, Md. 20604 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, Approximata shock, or heart feiture. List only one ceuse on each line Onset and Death IMMEDIATE CAUSE (Finei 10 min disease or condition resulting in death) iovascular Dz CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initisted events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 DOA me 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY
(Month) Day, Yeef)

28b. TIME OF Sec. INJURY
M 1 | YE

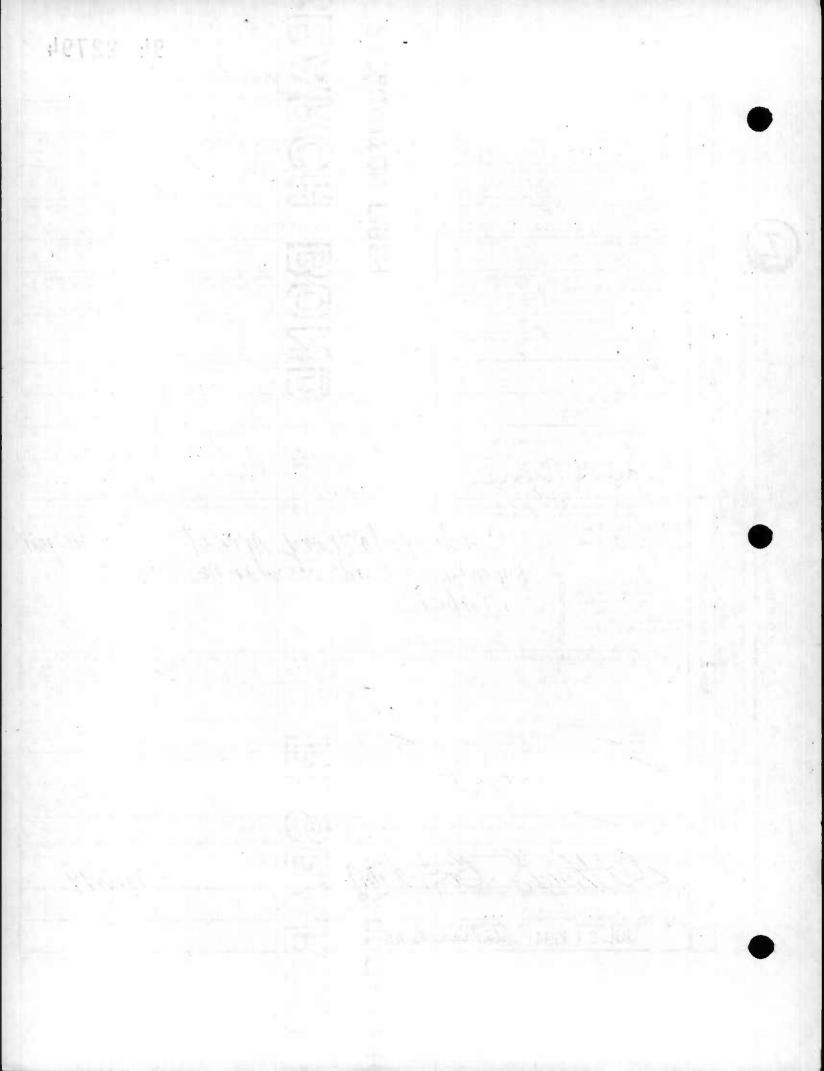
28c. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 281: LOCATION (Street and Number or Rural Route Number, 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.

DHMH-16 Rev 1/89

29d. DATE SIGNED (Monthy Day, Year)

ion, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner ee stated.

29c. LICENSE NUMBER



DHMH-15 Rev 1/89

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e State Dept. of	or item 23 s
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF I	IARYLAN	D / DEPAR				MENTA	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Lest)								OF DEATN			3. TIME OF DEATN
DAISY O'	CONNOR	3						Jul	y 14,19	994	YEAR	9:14AM M
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yr	s. lest birthdey)	IF UNDER 1	DAYS	IF UNDER 24 HRS.	7. DATE	OF BIRTN		8. BIRTHPI Country)	LACE (State or Foreign
212-07-2736		1 M 2 F	100	YRS.				Feb	11, 1		Mar	yland
90. FACILITY NAME (If not in: Bon Secours			Facil	ity			t City	DEATH		How	ard	ATN
RESIDENCE OF DEC												New Allens
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OF							IOd. INSIDE CITY
Maryland	HC	oward			ELL	9	t City			10a CITIZ		AT COUNTRY?
4029 Woodle						-	21042					
11. MARITAL STATUS	= y	12. WAS DECEDEN	T EVER IN U.	S. ARMED	13. W		ENDENT OF NISP	ANIC ORIGI	N? (Specify Yes		14. RACE -	States - American Indian,
1 Never Merried 2		FORCES? 1					city Cuben, Mexi 2 XNO Spe		Rican, etc.)		Black, Specify:	White, etc.
3 🕅 Widowed 4 🗌 Divo											Wh	ite
	EDENT'S EDUC highest grade		16.	(Give kind of w life. Do NOT us	rork done di	CUPATIO	N at of working	16	b. KIND OF BUS	INESS/INDU	USTRY	
Elementary/Secondary (0	-12)	College (1-4 or 8	•)	_	,			-	T. 1 70	. 1		
8 17. FATNER'S NAME (First, M.	iciclia, i.ast)			Seams	tres	S	18 MOTHER'S I		Lion By	-	rs	
Francis A.									Barke	,		
19a. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	(Street ar	nd Number or Run				Code)	
Francis J.	O'Copr	or		3120	Осеа	n Pi	ines Be	rlin.	MD 218	811		
20a. METHOD OF DISPOSIT	ION		20b. PL				etery, crematory of			CATION — C	City or Tow	n, State
1 Buriel 2 Crematic		oval from State		rraine	Park				Ba	ltimo	re.	MD
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	110	-0	Ha	NAME AN	H Witz	ke Fu	neral	Home	Inc.	
DA AL	all "	21.91	1,7	100								City 21043
23. PART I. Enter the di	iseases, or c	complications the	t caused th	e death. Do n								Approximate
shock, or he IMMEDIATE CAUSE (Fir	( )	List only one car	ise on each	line.								Interval Between Onset and Death
disease or condition resulting in death)	<b>→</b>	. <u>D</u>	ehy	drot	IOA							2 weeks
		DUE TO	(OR AS A CC	NSEQUENCE OF	7):	n	M a . T	-				11
Sequentially list conditi		b. DUE TO	(OR AS A CO	INCAS INSEQUENCE OF	f):	UE	ment	19				7 years
if any, leading to imme- cause. Entar UNDERLY	ING											
CAUSE (Disease or inju that initiated events	lly	DUE TO	(OR AS A CO	NSEQUENCE OF	ን:							
resulting in death) LAS	T L	d										
PART II. Other algnifica	nt condition	a contributing to	daeth but	not resulting i	in the un	derlying	cause given	In Part I	24a. WAS AN	AIITOPSV	24b 1	WERE AUTOPSY FINDINGS
						aorry mag	oudeo given		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 TYES 2	No		OF DEATH?
-												1 TYES 2 NO
25. WAS CASE REFERRED T	O MEOICAL					26. PL	ACE OF OEATN (	Check only o	one)	_		
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER 4 Nurs		s 5 🗆 Residenc	5 🗆 Oth	ner (Specify)			
27. MANNER OF DEATH		28a. DATE Of		28b. TIM	E OF URY	28c. INJI WO		28d. DI	ESCRIBE NOW II	NJURY OCC	URED	
	Pending Investigation	(110.111)	,		М	_	ES 2 NO					
3 Suicide 5	Could not be	28e. PLACE (	of INJURY	At home, farm, s	street, facto	ory, office			CATION (Street e	and Number	or Rural Ro	ute Number,
4 Homicide	determined											
	FIFYING PHYSI	CIAN: To the best o	my knowled	ge, death occurre	ed at the ti	me, data	end place, and c	fue to the c	ause(e) and mar	mer as state	ed.	
one) 2 MED	ICAL EXAMINE	R: On the basis of	xamination ar	nd/or investigation	n, in my o	pinion, d	eath occured at t	the time, de	te and place, an	d due to th	e cause(s)	and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	A O A					29c. LICENSE N	UMBER		29d. DATE	E SIGNED (	Menth, Day, Year)
Stenden	1	elle 1	/w)				934	6	3	> 7	114	194
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Type,	1.0	4			1 -			21042
JTeven	60	Her M	7	0 0	ld	AD	napoli	5	ld E	1100	IT- C	ty mo
31. DATE FILED (Month, Day,	8 199	1 Jana	CRUCOLAN	- Randall			1					6

11.

A-marking into

Will Signature

CALLES SEED behavited mesoness

Party of Placks Proposition 140.

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	death	fune		ВХЭП
	after	by the	mova	lical
	MOURS	ui pa	0r n	Med
	in 24	ely fill	ation	the
•	d with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
	acute	and co	burial	atic
	De 60	clan a	or to	mne.
	ficate	physi	ne pri	her to
	Certi	nding	Hygie	or ot
	death	e atte	emtal	III),
	at the	Dy th	and N	y inj
	the th	peub	ealth	s an
	requir	een si	Of H	show
	WE GW	has by	Dept	23
	AL H	cate	State	Hem
	SICIA	certif	the t	1, 01
	PHY	r this	h with	arke
	NDING	: Afte	r deat	E 5
	ATTE	CTOR	s after	28
	B.	DIRE	houn	Hem
	PITAL	ERAL	in 72	11.1
	E HOS	F. F.	1 with	HIAN
	O THE	THE O	e filed	2
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	FOR 1 • STATE	STATE OF MA						MENTAL HYGI		? (m	213	U
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CEI	RTIFICAT	TE OF	DEA	ГН	REG. N				
		D. ++						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DE	EATH
	Arella (	Jutten 5. SEX 6.	AGE (In vrs. last b					July 16	1994		1:00	P
			MUSE (IN YES, JUST D	YRS. MONTH	DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or	Foreign
	213-16-7783	1 M 2 F	85					Aug. 28,	1908	Mar	yland	1
DIRECTOR	Alice Byrd Tawes		ome	9b. C	Cris			EATH		mers		
E	10e. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCAT	TION					10d. INSIDE C	ITY
ă	Maryland Some	rset		Crist	Field	3					LIMITS?	□ NO
A	10s. STREET AND NUMBER			02101		. ZIP CODE	E .		10g. CIT	ZEN OF WI	IAT COUNTRY	
FUNERAL	91 Somers Cove	Ant Cox	to St			218	17		TT	C 3		
	11. MARITAL STATUS	12 WAS DECEDENT E	VED IN ILE ADM	ED I	3. WAS DEC			NIC ORIGIN? (Specify		S.A	- American In	adlan
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 THO		If yes, sp	2 NO	n, Mexico	an, Puerto Rican, etc.)		Black, Specify	American ir White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECE	DENT'S USUAL	OCCUPATIO	ON of working		16b. KIND OF	BUSINESS/INC	DUSTRY		
in in	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT use retired	d.)	of Or WORKI	v					
4	10		Dor	nestic				No	one			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NA	AME (First, Middle, Maid				
ш	Cainus MC Crea	dv				T.a	ura	Teagle				
0	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDR	ESS (Street a			Route Number, City or	lown, State, Zic	Code1		
2	Audrey Waters											
			20b. PLACE AN				CL	isfield	LOCATION —		. 64-4-	_
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	cemetery, crema	story or other place	cel			7/				
	21. SIGNATURE OF FUNERAL SERVICE LICE	FNSEE	Ebenez		2. NAME AI		00.05.54		rums	CO,M	d.	
	· Glady B		rart		Stew	art	Fu	neral Ho .Salisb		d 21	801	
	23. PART I. Enter the diseases, or co shock, or heart fellure. L IMMEDIATE CAUSE (Fine)	omplications that collist only one cause	oused the deat on each line.	h. Do not en	ter the mo	da of dyi	ng, suc	ch as cerdiac or re	apiratory an	est,	Approxi	mata Batween
		OUE TO (OR	CNIC	RE.	NAL	- I	>15	EASE			4	YKS
NO	Sequentially list conditions,							PISEAS	E		4>	IRS
¥.	If any, leading to immediate cause. Enter UNDERLYING									CP	11 1	YKS
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQU	ENCE OF):	VIEL	- 6-1	161	5, 10541	wy		17/	7-5
2												
MEDICAL	PART II. Other algnificant conditions			uiting in the	underlying	g cause g	jiven in	PERF	AN AUTOPSY ORMED? 2 MZ NO		WERE AUTOPSY WAILABLE PRIC COMPLETION O OF DEATH?	OR TO
W	SEIZURE	PISOR	DER							- 1	YES 2 5	Z/NO
	Hy he Ten ci	us Car	diane	12.0.	JT	2in		_				
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25. WAS CASE HEFERRED TO MEDICAL	Cito c	2020-	· · ·	26, PL			reck only one)				
1 %	EXAMINER?	HOSPITAL:	Montantine 0	отн	ER:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJ		28b. TIME OF	28c. INJ		sidence	6 Other (Specify) 28d. DESCRIBE HO	N IN HIERY OC	CLIDEO		
	1 Natural 5 Pending	(Month, Day, 1		INJURY	WO	RK7	1 440	28d. DESCRIBE HO	W INJUNY OC	COMED		
B	2 Accident Investigation	28e. PLACE OF IN	IIIIIV At home	faces etmat f			) NO					
	3 Suicide 6 Could not be 4 Homicide determined	building, atc.	(Specify)	, am, <b>atres</b> t, f	ectory, onic			28f. LOCATION (Stre City or Town, Sta	et and Number ite)	or Rural Ro	ute Number,	
ETE	Total Control Control											
OMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HAN: To the best of my									and manner ed	e stated.
COMPL	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only orne) 2 MEDICAL EXAMINER					eath occur	ed at the	time, date and place,	and due to th	e cause(e)		
BE COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC					eath occur	ed at the	time, date and place,	and due to the	E SIGNED (	end manner ed Worth, Day, Yes 18 – 9	ar)

MECKEADY HOSP.

ELLOSO, M.D.,
32 AGGISTRAD'S SIGNATURO
JULIA D'AULIAN RANDALL

BELLOSO

7

GREGORIO M. 131. DATE FILED (MONTH, Day, Year)
JUL 18 1994

CRISFIELD, MD

# DIVISION OF VITAL RECORDS, P.O. BOX 13146,

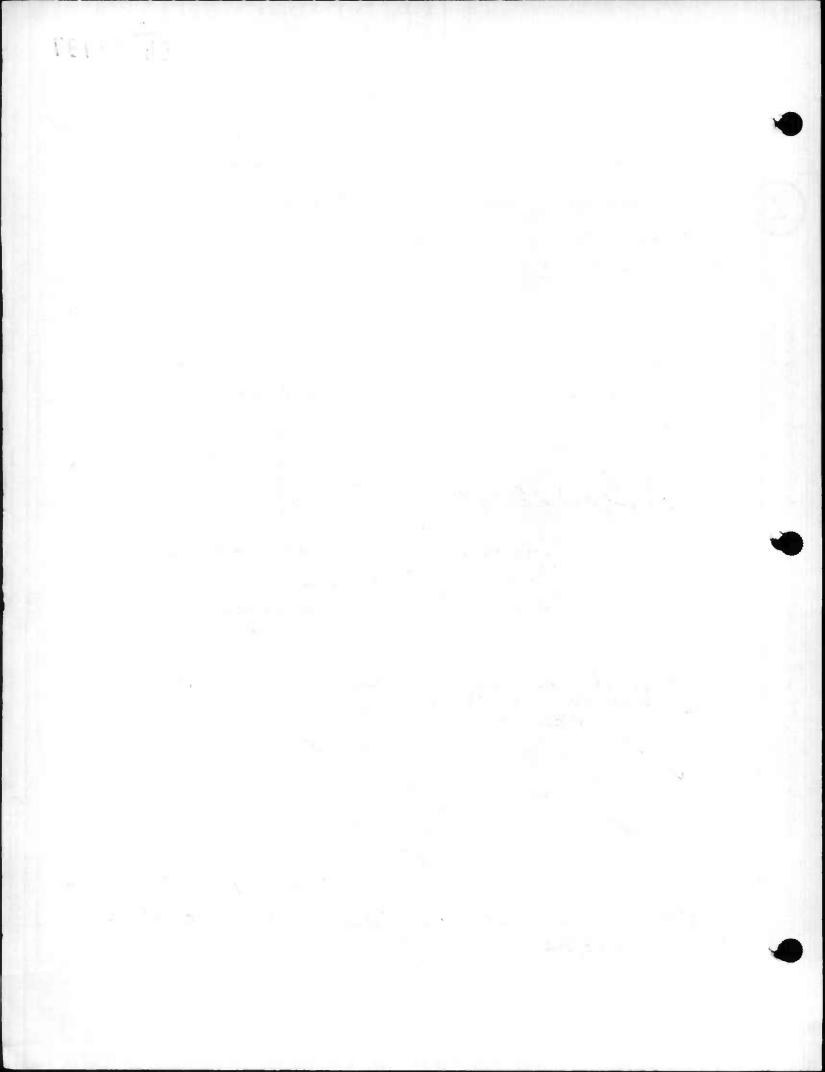
IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STA REG		AR
1	1. 0	ECEO	NT'S	NA
П	4 0	COLAL	050	450

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MARYLAND / C		ICATE				MENTA	REG. NO.	E		
1. OECEOENT'S NAME (First	t, Middle, Last)									OF OEATH			3. TIME OF OEATH
		ella Orer							MON		7	94	1:30 Tm
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la		MONTHS D		UNDER 2	MIN.		th, Day, Year)		8. BIRTH Counti	HPLACE (State or Foreign ry)
219-54-1278		1 M 2 F	83	YRS.			50.5	77.7		3-1910	_		yland
9a. FACILITY NAME (If not is					96. CITY, TO				HTA		9c. COL	JNTY OF D	EATH
Rt. 1., Box		orings Ro	oad		Gran	tsvi	11.e				Ga:	rrett	;
RESIDENCE OF DE	10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCATION							10d. INSIDE CITY
Maryl.and	Garret	tt		Gr	antsvi	11e							LIMITS?
10e. STREET AND NUMBER							P CODE				10g. CI	TIZEN OF V	WHAT COUNTRY?
Rt. 1., Box	120, S	orings Ro	oad			215	36					USA	
11. MARITAL STATUS  1 To Never Merried 2   3 Widowed 4 Div			YES 2 10 MAR OR OATES	RMEO NO	ff y		y Cuban	, Mexicar	n, Puerto	N? (Specify Yea Rican, etc.)	or No	14. RACI Blac Spec While	E — American Indian, k, White, etc. ///: TO
	CECENT'S ECU				USUAL OCC				16	b. KINO OF BUS	BINESS/IN	DUSTRY	
Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5		arve rand or a. Do NOT u	work done dun ise retired.)	ing most or	r working	9					
7 th		- 23	Hon	ne Ca	re Wor	ker				Home Ca	are		
17. FATHER'S NAME (First, A	Aiddle, Last)					16	в. мотн	ER'S NAI	ME (First,	Middle, Maiden	Surname)		
Solomon	Orendo:	rf					Am	anda	a Br	ennemar	1		
190. INFORMANT'S NAME (		rf								mber, City or Tow MD 215		(ip Code)	
200. METHOD OF DISPOSE		L 4.			SITION (Name				10,	_		Otto on To	own, State
12 Buriel 2 Cremeti 4 Donetion 5 Othe	on 3 🗆 Rem	oval from State	other s	(ace)					-18-	-94 Gra			
21. SIGNATURE OF FUNER	AL SERVICE LIC	ENSEE			22. NA	ME AND A	ADDRES	S OF FAC	CILITY				
1 1 2	boda	) Dou	man	)						mes, P. ntsvill		MD 2	21536
23. PART I. Enter the													Approximata
IMMEDIATE CAUSE (Fi		List only one car	SIO-	-	SDT	25	771	20	+	-pilu	00		Interval Between Onset and Death
resulting in death)			O (OR AS A CONSI	EOUENCE (	DF):			,		1 1 1 U	12 (	<i>.</i>	
Sequentielly list condi	tions,	a rulm	O TO TO TO YOU	OUENCE	Fib	ros	sis	Ś					
If any, leading to imme cause. Enter UNDERLY	ediata	121	matic	OUENCE (	Henr	+	T	Dis	ens				İ
CAUSE (Disease or Inj that initiated events			OR AS A CONS	OUENCE			L	/13	CMS				-
resulting in death) LA	ST												
		d											
PART II. Other algnific		7		-			auae g	iven in	Part I.	24s. WAS AN PERFOR		Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Peripher	al	/AS CUI	aiz,	Vi:	SCASO				_	1 TYES 2	NO NO		OF DEATH?
1ntlam	m Ato	ry H	rohni	tis									1   YES 2   NO
Chronic	A.	semi c	<u>.                                    </u>										
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		_	OTHER:	26. PLAC	E OF DE	EATH (Ch	neck only	one)			
1 TYES 2 NO			☐ ER/Outpatient	_				eidence	T	ner (Specify)			
27. MANNEB OF CEATH  1 Natural 8	Pending	26a. DATE O (Month,	FINJURY Day, Year)	26b. TI	ME OF 2	8c. INJURY WORK 1 YES	7	NO	28d, D	ESCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide	Investigation  Could not be	28e. PLACE	OF INJURY — At I	ome, farm,	etreet, factor	y, office	-		28f. LC	CATION (Street	and Numb	er or Rural	Route Number,
4 Homicide	determined	building	, etc. (Specify)						Ci	ly or Town, State	)		
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	of my knowledge, e	Seeth occur	rred at the tim	e, date and	d place,	, and due	to the c	ause(e) and ma	nner as s	tated.	
Ann)	DICAL EXAMINE	ER: On the basic of	examination end/o	Investigat	lon, in my opi	nion, deati	th occur	red at the	time, de	te and place, er	nd due to	the cause	(a) and manner as stated.
296. SIGNATURE AND TITE	E OF CERTIFIE	R //	V	0	mD	21	9c. LICE	NSE NUI	MBER	0.	29d. D	ATE SIONE	D (Month, Day, Year)
30, NAME AND ADDRESS	OF PERSON WI	O COMPLETED CAL	USE OF DEATH (IT	EM 27) (Typ			D	37	0.7	7	1	) 1-	-16-99
(dame	SE	= 15	Seit.	zel	m	D	(	y-r	'אח'	tsuil	<u>le</u>	m	D.
31. DATE FILED (Month, De	4 6 -	32. REGISTA	dander	Rarda	4								



FOR STATE

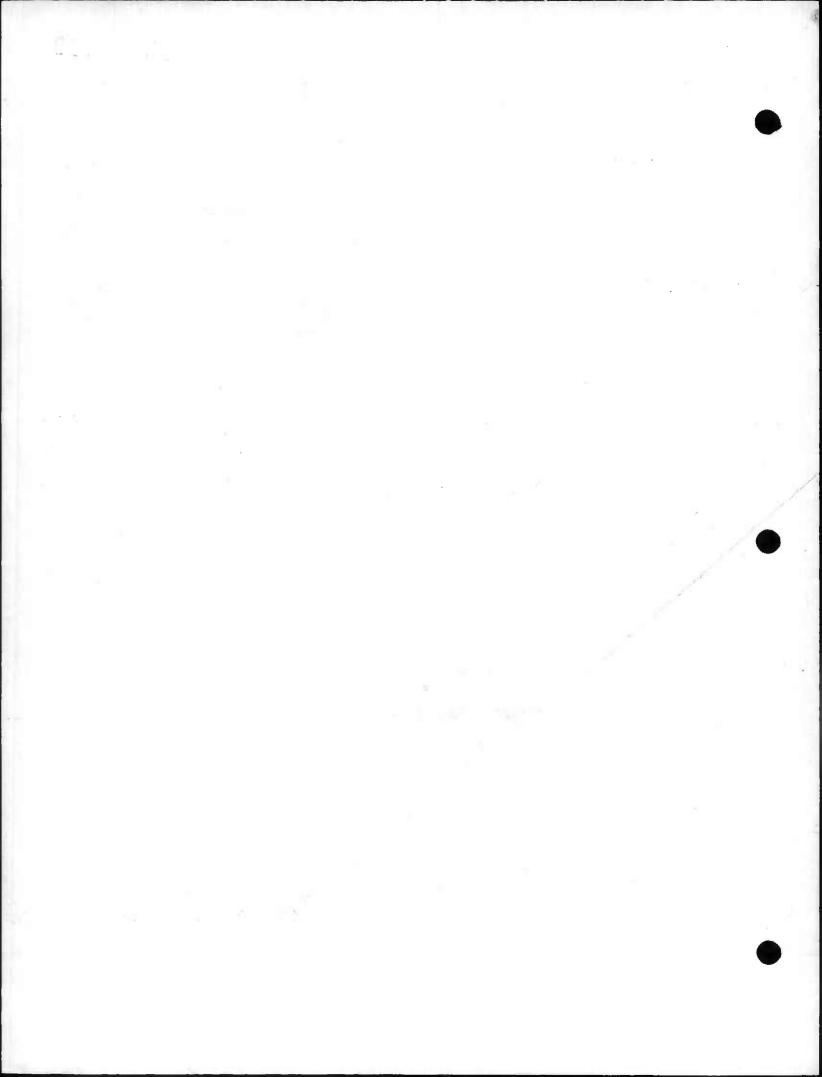
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		OLI III	FICATE C	CEAIN	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEATN	
	MICHAEL	OW	IENS			JULY	16.		Q A	6:45 A	M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7 DATE OF	BIRTH		a BIRTI	HEI ACE /State or Esmis	n
	214-88-4905	1 💥 M 2 🗆 F	30 YRS.	MONTHS DAY			12,	1964	WASH	INGTON, D	C
or	9a. FACILITY NAME (If not institution, give st				ON OR LOCATION OF DE PTSVILLE	EATN		9c. COL	NTY OF I	DEATN	
DIRECTOR	HYATTSVILLE	MANUR		HYA	TISVILLE			PRI	NCE	GEORGE'	S
E	10e. STATE 10b. COUNTY	,	10c. CI	TY, TOWN OR LO	CATION					10d. INSIDE CITY	
	MARYLAND PRINC	E GEORGE'	S	SEABRO	оок					LIMITS?	
AL	10a. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	9603 BEAC	HWOOD AVE	NUE		20706				US	A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF NISPAI , specify Cuban, Maxica			or No-	14. RAC	E American Indian, k, White, etc.	
B₹	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 XNO Specif		11, 010.)		Spec		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed	16a. DECEDENT	S USUAL OCCUP		16b. KII	NO OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	use retired.)	most or working		זמ	7.00			
MP	11th		WAITE	R			P	/T.			
	17. FATHER'S NAME (First, Middle, Last)	TTADD			18. MOTNER'S NA	ME (First, Midd		,	TD		
BE	EDWARD BA	LLARD									
9	19a. INFORMANT'S NAME (Type/Print)  JIMMIE SCOTT /	MOTHER			eet and Number or Rural		City or Yow	State, Z	Code)	20706 MARYLAND	`
			0b. PLACE AND DATE			DATE				own, State	
	20a METHOD OF DISPOSITION    Note	wal from State	ametery, crematory or NASHING'			7-22				MARYLAI	UD
	21. SIGNATURE OF FUNERAL SERVICE LIC		,		E AND ADDRESS OF CA	OH ITY					
	SUQUIGNI	10 01	axtor	747						OME20785 R,MARYLA	
	23. PART I. Entar the diseases, or c	omplications thet caus	ed the death. Do	not entar tha	mode of dyling, suc	ch se cardiac	or respi	ratory sr	rest,	Approximate	
	shock, or haart fallure. I	_lat only one cause on	each line.	) '						Onset and De	
	disease or condition resulting in death)		1 V		rsl						
_		DUE TO (OR AS	A CONSEQUENCE	OF):							
ō l	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):							
CAT	CAUSE (Disease or Injury	b 79									
TIFICAT	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICAT	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE	OF):							
AL CERTIFICATION	CAUSE (Disease or Injury that initiated events	i			ying cause given in	Part I. 24	a. WAS AN		241	b. WERE AUTOPSY FINDS	NGS
DICAL CERTIFICAT	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	i			ying cause given in		a. WAS AN PERFOR	MED?	241	AMILABLE PRIOR TO COMPLETION DF CAUS	
EDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	i			ying cause given in		PERFOR	MED?	241	AMILABLE PRIOR TO	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	s contributing to death	but not resulting	In the underi		1	PERFOR	MED?	241	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions	contributing to death	but not resulting	of DEATH		¹	PERFOR	MED?	241	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	s contributing to death	but not resulting	or the underl	YES   No	O D	PERFOR	MED?	241	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
EDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	contributing to death	D CAUSE C	F DEATH  20 OTHER: 4   Nursing	YES NO. DEATH (CA. Nome 5 Residence INJURY AT WORK?	O D	PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  26s. DATE OF INJURY (Month, Day, Year)	D CAUSE C	DF DEATH  21  OTHER: 4   Nursing I  ME OF 28c. NURY M 1	YES NO. PLACE OF DEATN (Ch. Nome 5   Residence INJURY AT WORK?	1 O C Other (S 28d, DESCRI	PERFOR  YES 2  Decify)  BE NOW II	MED?  NO	CURED	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5 Pending	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  26e. DATE OF INJUR	D CAUSE C	DF DEATH  21  OTHER: 4   Nursing I  ME OF 28c. NURY M 1	YES NO. PLACE OF DEATN (Ch. Nome 5   Residence INJURY AT WORK?	ock only one)  6 Other (S)  28d. DESCRI	PERFOR  YES 2  Decify)  BE NOW II	MED?  NO	CURED	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be datarmined  29a. CERTIFIER 1 CERTIFYING DAYSIS	CONTRIBUTE TO  HOSPITAL: 1 Inpetient 2 ER/Ou  26a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJUR building, stc. (Sp.	D CAUSE Courtpetlent 3 DOA  Y 286. Till  RY — At home, farm,	OF DEATH  20 OTHER: 4 Nursing   ME OF NURSING   1   street, factory, or	YES NO. PLACE OF DEATN (Ch. Nome 5 Residence III) HINJURY AT WORK? NO. 2 NO. office	6 Other (S) 28d. DESCRI	PERFOR  YES 2  Decity)  BE NOW II	MED?  NO  NO  NJURY OC	CCURED or or Rural	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  26e. DATE OF INJURY (Month, Day, Year)	D CAUSE Coutpetlent 3 DOA  Y 28b. Ti B  RY — At home, farm, occify)	OF DEATH  20 OTHER: 4   Nursing   ME OF JURY M 1 street, factory, of	YES NO  Nome 5 Residence INJURY AT WORK? YES 2 NO office	6 Other (S) 28d. DESCRI 28f. LOCATIC City or 1	PERFOR  YES 2  Decity)  BE NOW II  ON (Street a own, State)	MED?  NO  NO  NO  NAJURY OC	CURED or Flural	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	SE
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  28e. DATE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, atc. (Sp.	D CAUSE Coutpetlent 3 DOA  Y 28b. Ti B  RY — At home, farm, occify)	OF DEATH  20 OTHER: 4   Nursing   ME OF JURY M 1 street, factory, of	YES NO  Nome 5 Residence INJURY AT WORK? YES 2 NO office	eck only one)  6 Other (S)  28d. DESCRI  28f. LOCATIC City or N	PERFOR  YES 2  Decity)  BE NOW II  ON (Street a own, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	r or Rural	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  Route Number,	SE
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINER	CONTRIBUTE TO  HOSPITAL: 1   Inpetient 2   ER/Ou  28e. DATE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR building, atc. (Sp.	D CAUSE Coutpetlent 3 DOA  Y 28b. Ti B  RY — At home, farm, occify)	OF DEATH  20 OTHER: 4   Nursing   ME OF JURY M 1 street, factory, of	YES NO  B. PLACE OF DEATN (Ch.  Nome 5   Residence  INJURY AT WORK?  VES 2   NO  office  deta and place, and due in, death occured at the	eck only one)  6 Other (S)  28d. DESCRI  28f. LOCATIC City or N	PERFOR  YES 2  Decity)  BE NOW II  ON (Street a own, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	r or Rural	AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO	SE
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other eignificant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be datarmined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CONTRIBUTE TO  HOSPITAL: 1   Inpatient 2   ER/Ou  26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Sp. 1)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)	D CAUSE Courtellent 3 DOA  Y 28b. Ti Ph  RY — At home, farm, poorly)  owiedge, death occur tion and/or investiget	OF DEATH  20 OTHER: 4   Nursing I ME OF 28c. AURY M 1 1, street, factory, o	YES NO  B. PLACE OF DEATN (Ch.  Nome 5   Residence  INJURY AT WORK?  VES 2   NO  office  deta and place, and due in, death occured at the	eck only one)  6 Other (S)  28d. DESCRI  28f. LOCATIC City or N	PERFOR  YES 2  Decity)  BE NOW II  ON (Street a own, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	r or Rural	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  Route Number,	SE
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  PART II. Other significant conditions  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	CONTRIBUTE TO  HOSPITAL: 1   Inpatient 2   ER/Ou  26e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Sp. 1)  28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (Month, Day, Year)	D CAUSE Courtellent 3 DOA  Y 28b. Ti Ph  RY — At home, farm, poorly)  owiedge, death occur tion and/or investiget	OF DEATH  20 OTHER: 4   Nursing I ME OF 28c. AUGHY M 1 1, street, factory, o	YES NO  B. PLACE OF DEATN (Ch.  Nome 5   Residence  INJURY AT WORK?  VES 2   NO  office  deta and place, and due in, death occured at the	eck only one)  6 Other (S)  28d. DESCRI  28f. LOCATIC City or N	PERFOR  YES 2  Decity)  BE NOW II  ON (Street a own, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	r or Rural	AMALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?  1 YES 2 NO  Route Number,	SE

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3.5 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit not filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

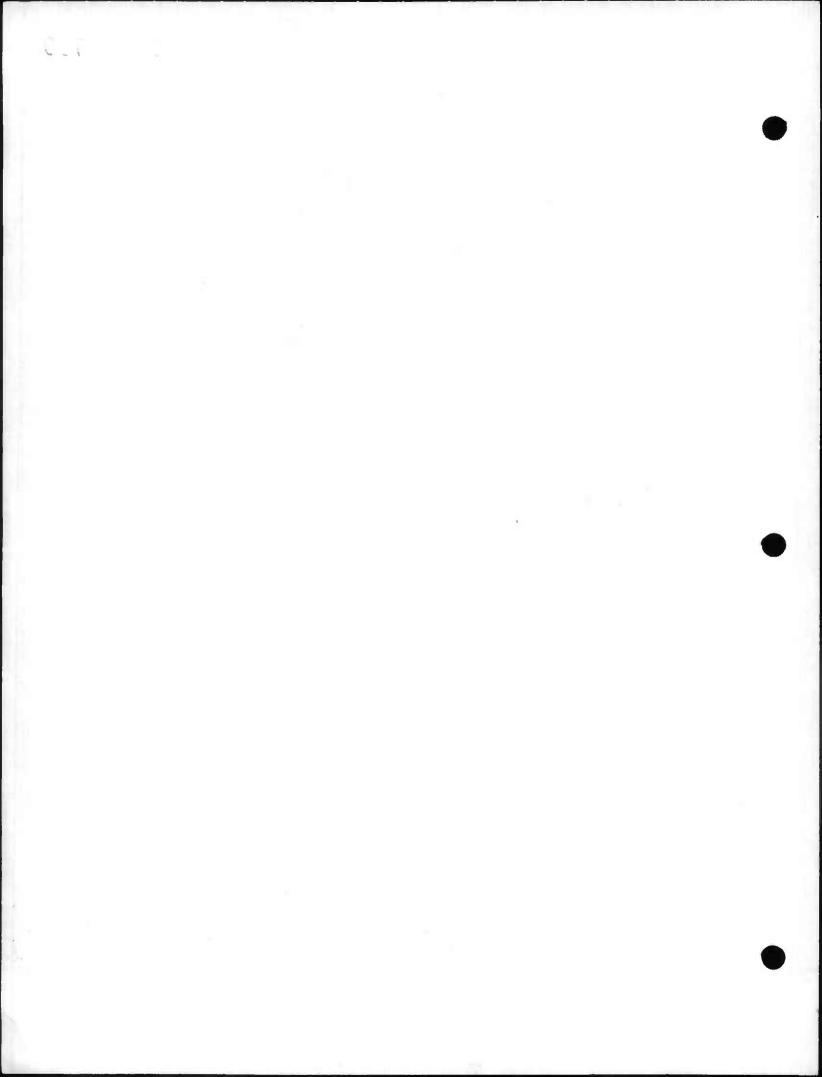
DHMN-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-trans n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPQRTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

- 4													
	1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	i en	JLDA N	ATTIE (	DDEN					MONTH 7	O.		94	8:50 A M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. let	at hirthcland	IF UNDER 1	VEAD	IF UNDER 24 HRS.	7. DATE OF		,	-	
					"		DAYS	HOURS MIN.	(Month, De			Gountr	IPLACE (State or Foreign y)
	579-34-018		1 □ M 2XXF	69	YRS.			- 12	12-14	-24		Vi	rginia
	9s. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, 1	TOWN O	R LOCATION OF D	EATH		9c. COUN	TY OF D	
E I	3202 Curt	ia Deir	TO #405			т.	1	. патт.			D		
K	3202 Curt	EDENT	7E #403				шрт	e Hills			rrinc	e G	eorge's
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY
5	V11	n					-						LIMITS?
	Maryland 10a STREET AND NUMBER	Prince	e George	S	<u></u>	Temp		Hills					YES 2 NO
Z	106. STREET AND NUMBER						101.	ZIP CODE			10g. CITE	ZEN OF Y	WHAT COUNTRY?
	3202 Curi	tis Dri	ive #405					20748				USA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN		MED	13. W	AS DECE	ENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes	or No-		- American Indian
	1 Never Married 2 X		FORCES? 1		40	H t	yes, spe	city Cuban, Mexica	ın, Puerto Rica	n, etc.)			E — American Indian, k, Whits, etc.
84	3 Widowed 4 Divo	beon	II TES, GIVE V	PAR ON DATES		1 11	_ TES	2X NO Specif	у:			Speci	Iack
0	15 DEC	EDENT'S EDUC	ATION	44 p. D.	CEDENTIN	USUAL OCC	V.10.47.0						Idek
۳۱		y highest grade		/G	ive kind of v	vork done du	ring mos	n t of working	16b. KII	O OF BUS	INESS/IND	USTRY	
ا ۳	Elementary/Secondary (0	1-12)	College (1-4 or 5	-)	Do NOT us	e retired.)							
9			+3	C	harwo	omen			US	Gove	ernme	ent	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Lest)						18. MOTHER'S NA					
	John Thoma	o Char	home										
띪	John Thoma		mers					Mary C	unn1ng	nam-	Chamb	ers	
입	ING. INFORMANT S NAME (	урегетик)		19	b. MAJLING	ADDRESS (	Street an	nd Number or Rural	Route Number, (	City or Town	State, Zip	Code)	
7	Willie Oder	1/husba	and		202 (	Curti	s Di	r. #405	Temple	Hil:	Ls.MI	20	748
- 1	20a. METHOD OF DISPOSIT			20b. PLACE	AND DATE	F DISPOSIT			DATE		ATION —		
	1 to Burial 2 Crematic 4 Donation 5 Other		rval from State	cemetery, cre	matory or of	her place)	1	C		7	1	34	. 2980
- 1	21. SIGNATURE OF FUNERA		FNSEP1	Hary	and r			Cemeter  D ADDRESS OF FA		Lat	irei,	Ma	ryland
	.01		11. 0	1				er's Fun		Omo	Tno		
		6/1	MAG	11 #	642								DC 20001
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list conditi if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit initiated events resulting in death) LAS	dons, diate in in in in in in in in in in in in in	DUE TO	(OR AS A CONSEC	QUENCE OF	): ):	- (	Care	int	>~	9_		Interval Batween Onset and Death
토	resulting in death) LAS	T											
CERT		-											
	PART II. Other significe	-	contributing to	death but not r	resulting i	n the und	erlylng	ceuse given in	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
		-	contributing to	death but not r	esulting i	n the und	ertylng	ceuse given in		PERFORM	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
		-	contributing to	death but not r	resulting i	n the und	erlying	ceuse given in			MED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL		-	contributing to	death but not r	resulting i	n the und	erlylng	ceuse given in		PERFORM	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other significe	nt conditions	contributing to	death but not r	esulting i	n the und	erlying	ceuse given in		PERFORM	MED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significe	nt conditions		death but not r	esulting i			COUSE GIVEN IN	1	PERFORM	MED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significe	nt conditions	B contributing to			OTHER:	26. PLJ	ACE OF DEATH (Ch	eck only one)	PERFORM	MED?	24b.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II, Other significe	nt conditions	HOSPITAL:	ER/Outpetlent 3	□ DOA	OTHER:	26. PL/	ACE OF DEATH (Ch	eck only one)  6  Other (Sc	YES 2	NO NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significe  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ont conditions	HOSPITAL:	ER/Outpetient 3		OTHER:	26. PLJ ng Home 8c. INJU WOR	ACE OF DEATH (Ch. 5 Presidence link at link?	eck only one)	YES 2	NO NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other significe  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5	nt conditions	HOSPITAL: 1 Inpetient 2 Inpetient 2 (Month, D	ER/Outpetient 3 INJURY lay, Year)	DOA 28b. TIMI	OTHER: 4 Nursin	26. PLJ ng Home 8c. INJU WOF 1  Y	MCE OF DEATH (Ch	eck only one)  6  Other (Sc	YES 2	NO NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 6	O MEDICAL  Pending Investigation Could not be	HOSPITAL:  1 Inpetient 2 2  26e. DATE OF (Month, D)  26e. PLACE O	ER/Outpetient 3	DOA 28b. TIMI	OTHER: 4 Nursin	26. PLJ ng Home 8c. INJU WOF 1  Y	ACE OF DEATH (Ch. 5 Presidence link at link?	eck only one)  6  Other (Sc 28d. DESCRI	PERFORM YES 2 Decity) BE HOW IN	NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 6	O MEDICAL  Pending	HOSPITAL:  1 Inpetient 2 2  26e. DATE OF (Month, D)  26e. PLACE O	ER/Outpetlent 3 INJURY ny, Year) FINJURY — At ho	DOA 28b. TIMI	OTHER: 4 Nursin	26. PLJ ng Home 8c. INJU WOF 1  Y	ACE OF DEATH (Ch. 5 Presidence link at link?	eck only one)  6  Other (Sc 28d. DESCRI	PERFORM YES 2 Decity) BE HOW IN	NO NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Suicide 6 Homicide	O MEDICAL  Pending Investigation Could not be determined	HOSPITAL:    Inpetient 2     26e. DATE OF (Month, D)   28e. PLACE O building,	ER/Outpetlent 3 INJURY ny, Year) FINJURY — At ho etc. (Specify)	DOA 28b. TIMI INJI	OTHER: 4   Nursin E OF   2 URY M	26. PL/ing Home 8c. INJU WOF 1 Ye	ACE OF DEATH (Ch 5 Presidence Fry AT HK7 ES 2 NO	eck only one)  6 Other (Sp. 26d. DESCRII  261. LOCATION City or Re	PERFORM  YES 2  OCCHY)  BE HOW IN  WYN (Street ar wwn, State)	JURY OCC	CURED or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only)	O MEDICAL  Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 2 26e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetient 3 INJURY Hy, Year) FINJURY — At ho etc. (Specify) my knowledge, de	DOA 28b. TIMI	OTHER: 4   Nursir E OF 2 URY M treet, factor	26. PLJ ng Home 8c. INJU WOR 1  YI	ACE OF DEATH (Ch. 5 Presidence Print) NOTES 2 NO	eck only one)  6  Other (Sp. 28d, DESCRII  281, LOCATIO City or %	PERFORM  YES 2  Occity)  BE HOW IN  (Street ar  wm, State)	JURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
OMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only)	O MEDICAL  Pending Investigation Could not be determined	HOSPITAL: 1 Inpatient 2 2 26e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetient 3 INJURY Hy, Year) FINJURY — At ho etc. (Specify) my knowledge, de	DOA 28b. TIMI	OTHER: 4   Nursir E OF 2 URY M treet, factor	26. PLJ ng Home 8c. INJU WOR 1  YI	ACE OF DEATH (Ch. 5 Presidence Print) NOTES 2 NO	eck only one)  6  Other (Sp. 28d, DESCRII  281, LOCATIO City or %	PERFORM  YES 2  Occity)  BE HOW IN  (Street ar  wm, State)	JURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only)	O MEDICAL  Pending Investigation Could not be determined  IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatient 2 2 26e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetient 3 INJURY Hy, Year) FINJURY — At ho etc. (Specify) my knowledge, de	DOA 28b. TIMI	OTHER: 4   Nursir E OF 2 URY M treet, factor	26. PLJ ng Home 8c. INJU WOR 1  YI	ACE OF DEATH (Ch. 5 Presidence Print) NOTES 2 NO	eck only one)  6 Other (Sc. 28d. DESCRII  261. LOCATIOn City or % to the cause(stime, data and	PERFORM  YES 2  Occity)  BE HOW IN  (Street ar  wm, State)	JURY OCC	or Rural R	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDI	O MEDICAL  Pending Investigation Could not be determined  IFYING PHYSIC CAL EXAMINER	HOSPITAL: 1 Inpatient 2 2 26e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetient 3 INJURY Hy, Year) FINJURY — At ho etc. (Specify) my knowledge, de	DOA 28b. TIMI	OTHER: 4   Nursir E OF 2 URY M treet, factor	26. PLJ ng Home 8c. INJU WOR 1  YI	ACE OF DEATH (Ch  5 Residence  REY AT  1K7  ES 2 NO  and place, and due  ath occured at the	eck only one)  6 Other (Sc. 28d. DESCRII  261. LOCATIOn City or % to the cause(stime, data and	PERFORM  YES 2  Occity)  BE HOW IN  (Street ar  wm, State)	JURY OCC	or Rural R	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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EDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDI	O MEDICAL  Pending Investigation  Could not be determined  IFYING PHYSIC  ICAL EXAMINER	HOSPITAL: 1   Inpetient 2   26e. DATE OF (Month, D) 28e. PLACE O building, CIAN: To the best of e: 0 COMPLETED CAUS	ER/Outpetlent 3 INJURY ny, Year)  FINJURY — At ho etc. (Specify)  my knowledge, de tamination and/or i	DOA  28b. TIMI INJI  me, ferm, e  eth occurre investigation	OTHER: 4   Nursin E OF URY M  treet, factor d at the tim n, in my opi	26. PLJ ig Home WOF WOF  yoffice	ACE OF DEATH (Ch  5 Residence  REY AT  1K7  ES 2 NO  and place, and due  ath occured at the	eck only one)  8 Other (Sc 28d. DESCRII  281. LOCATIC City or %  to the cause(e time, deta and	PERFORM  YES 2  Occity)  BE HOW IN  (Street ar  wm, State)	JURY OCC	or Rural R	AMALAGLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 2 Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only one)  2 MEDI  29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined OF CERTIFIER OF CERTIFIER	HOSPITAL: 1   Inpetient 2   26e. DATE OF (Month, D) 28e. PLACE O building, CIAN: To the best of e: 0 COMPLETED CAUS	ER/Outpetlent 3 INJURY ny, Year)  F INJURY — At ho etc. (Specify)  my knowledge, de tamination and/or i	DOA  28b. TIMI INJI  me, ferm, e  eth occurre investigation	OTHER: 4   Nursin E OF URY M  treet, factor d at the tim n, in my opi	26. PLJ ig Home WOF WOF  yoffice	ACE OF DEATH (Ch.  5 Residence RRY AT RC7 ES 2 NO and place, and due ath occured at the 29c. LICENSE NUE 33 44	eck only one)  8 Other (Sc 28d. DESCRII  281. LOCATIC City or %  to the cause(e time, deta and	PERFORM  YES 2  Occity)  BE HOW IN  (Street ar  wm, State)	JURY OCC	or Rural R	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,



DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	STATE OF M				F HEALTH AND	MENTA	AL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last Augustin		Pal	misar	no, I	I	2. DATE MON	e of Death	1994	PRAT	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216_20_2204_4  8e. FACILITY NAME (If not inetitution, give	1 <b>2</b> M 2 □ F	8. AGE (In yrs. last	YRS.	ONTHE DA		Jan	e OF BIRTH oth, Day, Year) 21,	1927 M	Country) [ary]	
1911 High Point	Road		17.1		rest Hill			Ha	rford	County
10a. STATE 10b. COUN	rd County			Fores	ocation et Hill					d. INSIDE CITY LIMITS?
190. STREET AND NUMBER 1911 High Point	Pand		977		10f. ZIP CODE					T COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 N	WED O	If yes	DECENDENT OF HISF s, specify Cuban, Mex YES 2 NO Spe	PANIC ORIGI			S.A.  H. RACE — Black, V  Specify: Whit	American Indian, /hite, atc.
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	UCATION	16a. DEG (G/h	Do NOT use	rk done durin	PATION g most of working	16	a. KIND OF BU	siness/indu	STRY	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S		Middle, Maider	n Surname)		
Augustine 190. INFORMANT'S NAME (Typortula U	- Palmisa	ano, Jr.	MAII INO A	DDBERR (C)	Euger	nia :	Pancoa	st Si	mmon	S
Mrs. Susan L. Be					oint Road					and 21050
20e. METHOD OF DISPOSITION  1 D Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)		20b. PLACEA	NDDATEOF	DISPOSITIO		0.4	TE 20c. L0	OCATION - CI	ity or Town	State
21. SIGNATURE OF FUNERAL SERVICE I		on W. Fo	ster	22, NAM	West Bro	FACILITY	Fost	er Fun	leral	Home
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	b. DUE TO (	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	JW6 DUENCE OF):							Onset and Dea
PART II. Other algorificant condition	ona contributing to	death but not re	esulting in	the under	lying cause given	in Part I.	24a. WAS AF PERFO 1 TYES	RMED?	CC	ERE AUTOPSY FINDING MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF DEATH	Check only o	one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3			Home 8 Residence	6 G Oth	ner (Specify)			
27. MANNER OF DEATH  1  Netural 6 Pending 2 Accident Investigation		y, Year)	26b. TIME INJUI	M 1	WORK?	28d. DE	ESCRIBE HOW	INJURY OCCU	JREO	1111
3 Suicide a Could not be determined	26e. PLACE OF building, e	INJURY — At horate. (Specify)	me, farm, atr	eet, factory,	office		CATION (Street y or Town, State		r Rural Roul	te Number,
0001	SICIAN: To the best of ax									nd menner as stated.
296. SIGNATURE AND LITTLE OF CHRIST		m			29c. LICENSE N D2284				2001/201-5-	onth, Day, Year)
Roy H. Phillips	M.D., 20	05 Rock	Spri		ad, Fores	t Hi	11, Ma:	ryland	210	50
JUL 1 9 19	94 Julia d	Sauction R	rdall							

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LEGINARY DEVICES TO THE STATE OF THE STATE O	I Leonard Howard Pumphrey  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)  578-01-1872  12M 2 F 88 YRS.  8. AGE (In yrs. lest birthday)  8. SHRTNPLAC Copyrity)  8. BHRTNPLAC Copyrity)  9. COUNTY OF DEATH  8. CITY, TOWN OR LOCATION OF DEATH  8. COUNTY OF DEATH  8. COUNTY OF DEATH  8. COUNTY OF DEATH  8. COUNTY OF DEATH  8. COUNTY OF DEATH  8. COUNTY OF DEATH  8. CITY, TOWN OR LOCATION  9. COUNTY OF DEATH  8. CITY, TOWN OR LOCATION  Montgome  10d. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Monrovia  10d.	E (State or Foreign nington ery  INSIDE CITY LIMITS?  YES 2 X NO COUNTRY? Can
L SOOL SCORT NUMBER  TO THE OLD 1-1872  SEA T	4. SOCIAL SECURITY NUMBER  578-01-1872  1	E (State or Foreign nington ery  INSIDE CITY LIMITS?  YES 2 X NO COUNTRY? Can
STORE - OI - 1872	Shady Grove Adventist Hospital Rockville  Shady Grove Adventist Hospital Rockville  Montgome  Residence of Decedent  10a. STATE 10b. COUNTY Maryland Frederick  10c. CITY, TOWN OR LOCATION Monrovia  10d. STREET AND NUMBER 12102 Hard Rock Circle  11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 Wildowed 4 Divorced  1 Never Married 1 Never Married 2 Married 1 Never Married 3 Wildowed 4 Divorced  1 Never Married 1 Never Married 3 Wildowed 4 Divorced  1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 3 Wildowed 4 Divorced  1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 3 Wildowed 4 Divorced  1 Never Married 1 Never Married 3 Wildowed 4 Divorced  1 Never Married 1 Never Marrie	INSIDE CITY LIMITS?  YES 2 X NO COUNTRY? Can Imperican Indian.
The ADDRESS OF CONCENSION TO ACCOUNT MATY AND THE COUNTY MATY AND THE STREET AND INSURED TO ACCOUNT MONOTONIA TO A	Shady Grove Adventist Hospital Rockville Montgome  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Monrovia 10d.  10c. STREET AND NUMBER 12 10 2 Hard Rock Circle 21770 Americ  11. MARITAL STATUS 11. Never Married 2 Married 11. Yes 2 Monroed 11. Yes 2 No Specify: Was poscify: Wa	INSIDE CITY LIMITS?  YES 2 X NO COUNTRY? Can Imperican Indian.
No. STRET AND INMERS.  10. STRET AND INMERS.  11. Per And Price of Control of	10a. STATE  Maryland Frederick  10b. COUNTY  Maryland Frederick  10c. CITY, TOWN OR LOCATION  Monrovia  10d. Monrovia  10d. CITY  Monrovia  10d. CITY  10	LIMITS?  YES 2 X NO COUNTRY? Can  mericen Indian.
MARTY LAND   STREET AND MARKERS   12102 Hard Rock Circle     10 MAD DECEMBER 10 MILE ADMED   13 MAD DECEMBER 10 MILE ADMED   13 MAD DECEMBER 10 MILE ADMED   14 MAD DECEMBER 10 MILE ADMED   13 MAD DECEMBER 10 MILE ADMED   14 MAD DECEMBER 10 MILE ADMED   15 MAD DECEMBER 10 MILE ADMED	Maryland Frederick Monrovia  100. Street and Number  12102 Hard Rock Circle  11. Marital Status  1	YES 2 X NO COUNTRY? Can merican Indian.
12102 Hard Rock Circle  11. MANTHA. STATUS  12. WAS DECEDENT EVEN IN U.S. ARMED TO CONTROL  13. WAS DECEDENT EVEN IN U.S. ARMED TO CONTROL  14. DECEDENT SECURITY OF THE STATUS  15. WAS DECEDENT SECURITY OF THE STATUS  16. DECEDENT SECURITY OF THE STATUS  17. TO CONTROL  18. DECEDENT SECURITY OF THE STATUS	12102 Hard Rock Circle  11. MARITAL STATUS  1 Never Married  21770  Americ  21770  Americ  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO Specify: Was possible to the process of	can
11. AMATINA. STATUS 11. THE WASTER STATUS 12. THE WASTER STATUS 12. THE WASTER STATUS 13. THE WASTER STATUS 14. THE WASTER STATUS 15	11. MARITAL STATUS  1 Never Married 2 Married 5 Married 15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.)  14. RACE — A Bleck, White Specify: Was Divorced.	merican Indian.
Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Marchaes, Paurito Ricen, etc.)   Types, specific, Colonies, Colonie	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATES  If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: W	merican Indian, ita, etc.
College (Incl. of since and solver prior)   College (Incl. of s.)		White
Elementary/Secondary (9-12)	(Specify only highest grade completed) (Ghe kind of work does during most of working	
Nelson Pumphrey  19th MARIANG ADDRESS (Street and Number or Plant Running City or Num, Stein, 20 Code)  12 10 2 Hard Rock Circle, Monrovia, Mal 1770  20th Method or Deposition 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 3 Removal from State 15th Burlard 2 Commanders 4 Dazle 2 Suitland, Mary1: 21th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 22th Burlard 2 Commanders 2 Removal from State 2 Removal f	Elementery/Secondary (0-12) College (1-4 or 5+) life, Do NOT use retired.)  U.S. Government	Print
The INFORMANT'S NAME (Proprint)  Lula R. Pumphrey  Include Representation and proposition and		
12102 Hard Rock Circle, Monrovia, Md. 1702   200. NETROD OF DISPOSITION   Removed from State   200. PLACE AND DATE OF DESPOSITION   Name of   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. DATE   200. LOCATION - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City or Town. State   200. Location - City o		
20. METHOD OF DISPOSITION   DATE   20c. LOCATION — City or Town, Bistal contenting control   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — Compression   Cemerator   DATE   20c. LOCATION — Compression   Cemerator   DATE   20c. LOCATION — Compression   Cemerator   DATE   20c. LOCATION — City or Town, Bistal   DATE   20c. LOCATION — Compression   Cemerator   DATE   20c. LOCATION — Compression   Cemerator   Cemera		121770
15  Burst 2   Cremation 3   Removal from State   Commetting Commetter   Coloration   Commetter   Coloration   Commetter   Coloration	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION — City or Town, S	
22. NAME AND ADDRESS OF FRACILITY Olin J. Molesworth, P.A., Funeral H. 26401 Ridge Rd., Damascus, Maryland 23. PART I. Enthy the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shocks, or fleat fellium. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTLYING CAUSE (Disease or injury reproductor)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	110 Burial 2 Cremation 3 Removal from State   cemetery crematory or other place	
23. PART I. Enthy the diseases, or complications that caused the death. Do not enter the mode of dyling, such as cerdiac or respiratory arrest, shock, e-flast feliure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate causes. Enter UNDERLYING CAUSE (Disease or injury that inhibited events) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24b. WAS ANALITOPSY PROPRIABLE FRONT TO MEDICAL EXAMINETY  1   YES 2   NO  25c. WAS CASE REFERENCE TO MEDICAL EXAMINETY  1   YES 2   NO  25c. WAS CASE REFERENCE TO MEDICAL EXAMINETY  1   YES 2   NO  25c. WAS CASE REFERENCE TO MEDICAL EXAMINETY  1   YES 2   NO  25c. MANCER OF DEATH  1   North of DE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	eral Ho
22. PART I. Enth the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arreat, interval as such as cerdiac or respiratory arreat, approximate as shock, serflager feliure. List only one cause on aach line.  IMMEDIATE CAUSE (Final disease). The condition of the cause of the cause or condition of the cause of the cause of the cause or condition.  DUE TO (OR AS A CONSEQUENCE OF):  DUE T		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  B. DUE TO (OR AS A PONSEQUENCE OF):  DUE TO (OR AS A PONSEQUENCE OF):  DUE TO (OR AS A PONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	23. PART I. Entag the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,	Approximata
disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieded events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR A		Onset and Dec
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	discourse district	1991
Harry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO JOR AS A CONSEQUENCE OF):  DUE TO JOR AS A C	DUE TO (OR AS A CONSEQUENCE OF):	7
H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO [OR AS A CONSEQUENCE OF]:  DUE TO [OR AS A C	Sequentially list conditions.	
CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO JOR AS A CONSEQUENCE OF):  DUE TO JOR AS A CONSEQUENCE OF JOR AS A CONSEQUENCE OF):  DUE TO JOR AS A LICENSE NUMBER OF JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A CONSEQUENCE OF DEATN (ITEM 27) (JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE NUMBER  DUE TO JOR AS A LICENSE AND AND JOR AS A LICENSE AND AND JOR AS A LICEN	If any, leading to immediate	
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  PART II. Other significant conditions contributing to death of converted to converted to converted at the underlying ceuse given in Part i.  PART II. Other significant conditions and underly in the underlying ceuse given in Part i.  PART II. Other significant conditions of could not be all underlying ceuse given in Part i.  PART II. Other significant condition of converted to converted at the time, data and place, and due to the cause(a) and menner as stated.  PART II. Other significant conditions of could not be cause(a) and menner as stated.  PART II. Other significant conditions of could not be cause(a) and menner as stated.  PART II. Other significant conditions of cause given in Part i.  PART II. Other in Part i.  PART II. Other in Part i.  PART II. Other in Part i.  PART II. Other in Part i.  PART II. Other in Part i.  PART II.	CAUSE (Disease or Injury	
28. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	PART ii. Other significant conditions contributing to death but not requiting in the underlying cause given in Part i 24s was an autropsy 24b were	E AUTORSV EINDING
26. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATN (Check only one)  27. WANNER OF DEATN  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)  28. DATE OF INJURY  28. DATE OF INJURY  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be detarmined  28. PLACE OF INJURY — At home, farm, street, factory, office  28. CERTIFIER (Check only one)  28. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  29. SIGNATURA AND TITLE OF CERTIFIER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. July 19, 199  30. NAME AND ANDRESS OF PERSON Number completed gluss of DEATN (ITEM 27) (1998, Print)  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	PERFORMED? AMAI	LABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES   NO  1   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Nome 5   Realdence 8   Other (Specify)  22   MANNER OF DEATN   1   Netural 5   Pending Investigation   2   Accident   Nursing Nome 5   Realdence 8   Other (Specify)  24   Accident   Number of Policy (Month, Dey, Year)   28b. TIME OF INJURY   Number of N	OF D	DEATH?
EXAMINER?  1 YES 100 NO  1 Inpettent 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)  22 MANNER OF DEATN  1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 2 Accident 8 Oculd not be detarmined 2 Nomicide 6 Could not be detarmined 2 Residence 6 Other (Specify)  286. DIECTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  299. SIGNATURE AND TITLE OF CERTIFIER  290. DATE SIGNED (Month, Day, Year)  30. NAME AND APPRESS OF PERSON AND COMPLETED QUISE OF DEATN (ITEM 27) (Type, Print)  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872		YES 2 NO
1 YES 20 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 22 MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Soulcide 6 Could not be determined 6 Other (Specify) 28a. DATE OF INJURY 2bb. TIME OF INJURY AT WORK? 3 Suicide 6 Could not be determined 6 Other (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 July 19, 199 30. NAME AND ADDRESS OF PERSON Net COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 3 John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872		
28a. DATE OF INJURY 1 Natural 5 Panding Investigation 3 Suicide 4 Nomicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. TIME OF INJURY AT WORK?  29a. CERTIFIER (Check only Orion) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  29b. SIGNATURA AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29	A TO YES MAN INC.	
1 Natural 2   Accident 3   Suicide 4   Nomicide  29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND APPRESS OF PERSON Net Completed Suise of DEATN (ITEM 27) (Type, Print)  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	22, MANNER OF DEATN 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED	
3 Suicide 4 Nomicide 29a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only orie) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COMPLETED COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON Net COUSE OF DEATH (ITEM 27) (Type, Print) 30c. NAME AND APPRESS OF PERSON NET COUSE OF DEATH (IT	1 Netural 5 Pending M 1 YES 2 NO	
29a. CERTIFIER (Check only one)  29b. SIGNATURA AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Parall Route Institution and Parall Rou	Number,
(Check only One)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND APPRESS OF PERSON Ned COMPLETED COUSE OF DEATN (ITEM 27) (Npo. Print)  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	- Commence Caramined	
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND APPRESS OF PERSON Ned COMPLETED COUSE OF DEATN (ITEM 27) (Type, Print)  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	(Check only Check on Check	100
July 19, 199  John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and	menner as stated.
John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872	1 0 10 1	
John Kijak, Jr., M.D., 9815 Main Street, Damascus, Maryland 20872		9, 199
	30. NAME AND APDRESS OF PERSON WHO COMPLETED COUSE OF DEATH (ITEM 27) (15ρο, Print)  Tohn Kijak, Tr., M.D., 9815 Main Street, Damascus, Marvland	20872
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IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
examiner must be notified at once.
TO THE FUNEAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYG				
36	1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEAT	Н		3. TIME OF DEA	TH
- 9	*!	EMMA MARTH	A PITTEN	GER		MONTH 7	20	94	2:20	Рм
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or F	
1	212-24-3632	1 🗌 M 2 💢 F	78 YRS.	MONTHS DAYS	HOURS MIN.	"Mogrin, Opty 576/	1915	Mar	ÿland	
~	Se. FACILITY NAME (If not institution, give	,			R LOCATION OF D	EATH	111	NTY OF D		
DIRECTOR	Meridian Nursing	Home		Freder	ick		Free	deri	ck	
ច្ច	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	ity	144-017	Y, TOWN OR LOCAT						
፸	Day See See	derick		ederick	ION				10d. INSIDE CIT	
	100. STREET AND NUMBER Mer								1- YES 2	NO
A I	400 North Avenu		nome	.101	21701		10g. CITI		WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS							U.S	.A.	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPA Incity Cuben, Mexico 2 NO Specific	NIC ORIGIN? (Specifi an, Puerto Rican, etc. fy:	y Yes or No	14. RACI Black Spec	E — American Ind k, White, etc.	lan,
	R.		T						White	
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	de completed)	(Give kind of v	USUAL OCCUPATION WORK done during mo	N at of working	16b, KIND OF	BUSINESS/IND	USTRY		
וב	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us							
Š	3 years		Home	maker						
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma				
띪	Samuel Bell Pitt	enger				largaret				
ဥ	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or				-11-11
	Vivian Leonard		8925	Walter M	artz Roa	d Frede	rick, l	Mary	land 21	702
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremelion 3 Re	movel from State 201	b. PLACE AND DATE (	OF DISPOSITION (Na	me of	DATE 20c	LOCATION —	City or To	wn, Stata	
	4 Donation 5 Other (Specify)	S	netery, crematory or pt t. Luke	s Winter	s Cemete	ry 7/23	New Win	ndso	r, Mary	land
	21. SIGNATURE OF FONERAL SERVICE I	JCENSEE	7	ROBER	T E. DAT	LEY & SO	N FIINEI	RAT.	HOMES.	РΑ
- 4	Kelt &	7	41			ARKET ST.				
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C		ቫ:	IR CIL	an c,	LISTAS7	MIE	Interval E Onset an	
BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition		out not resulting i	n the underlying	cause given in	PER	AN AUTOPSY FORMED?	24b	WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSE
<u>.</u>						_				
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)				
<u> </u>	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outs	patient 3 DOA	OTHER:	5 - Residence	6 Other (Specify)				
=	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIMI	E OF 28c. INJ	JRY AT	28d. DESCRIBE HO	W INJURY OCC	URED		
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M N NO	RK7 ES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, s	treet, factory, office		28f. LOCATION (Str	eet and Number	or Runal F	loute Number,	
COMPLETED	4 Homicide determined	building, etc. (Spec	спу)			City or Town, S	tate)			- 1
۱ ۲	29a. CERTIFIER	SICIAN: To the best of my know	aladaa daath aan	-d -d -d						_
È		NER: On the basis of exemination							\ and	
- 11				., or my opinion, to			, wire out to the	- Cause(e	y wild malliner ee s	raffeG,
H H	29b. SIGNATURE AND TITLE OF CERTIF	ER M	40		29c. LICENSE NUI	MBER	29d. DATE	SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	· fmill	_ / ' \		01028	/		1/-	21/94	
	George I Smith .  31. DATE FILEO (Month, Day, Year)	Jr. MD 300 W	est Nint	h Street	Frederi	ck, Mary	land 2	1701		
	JUL 2 2 199	32. REGISTRAN'S SIGN	dian Revoluti							

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	fled in by the funeral director, page 5 should be detached for use as the burial-trans n, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O.

	FOR 1 - STATE REGISTRAR	TATE OF MARYL		RTMENT OF			YGIENE REG. NO.		
33	1. DECEDENT'S NAME (First, Middle, Last)	Pulask	1 .			2. DATE OF MONTH		94	3. TIME OF DEATH  945 AM
		□ M 2 🔀 F 94	(In yrs. lest birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. Dec 2	y, Year) 5 189	Count	ssia
TOR	Hebrew Home of Grea	ter Washi	ngton	Rockvi	l1e		М	lontgome	ery
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Montgon	nery		ry, town or lookville	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAE	6121 Montrose Rd.				Of. ZIP CODE				WHAT COUNTRY?
BY FUNERAL		WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 NO	If yes,	20852 ECENDENT OF HISPAR specify Cuban, Mexica ES 2 XNO Specify	in, Puerto Rica	pecify Yes or h	No 14. RACI Black Speci	E — American Indian, k, White, atc. Hy: White
COMPLETED	18. DECEDENT'S EDUCATION (Specify only highest grade complete comp		(Give idnd of life. Do NOT L		TION nost of working		ND OF BUSINE		\$5 W
OME	17. FATHER'S NAME (First, Middle, Last)		Housewi	re	18. MOTHER'S NA		n home		
BE C	Samuel Barkin				Fannie '				Burn Stand
10	19e. INFORMANT'S NAME (Type/Print) Phyllis Munitz				Lane Po				
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3X Removal	from State 201	PLACE AND DATE	OF DISPOSITION	Name of	DATE DATE	_	ION — City or To	wn, Stata
	4 Donation 5 Other (Specify)		ew Monti	fiore Co	emetery	7/22	Pinel	awn, N.	Υ.
	7-16	11		Dana	and address of FA	Idberg	Memor	ial Cha	mpels MD.20852
200	23. PART i. Enter the disesses, or come shock, or heart failure. List iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	only one cause on a	d the death. Do sech line.	neum	ron (a	th ss cardisc	or respirato	ory screet,	Approximats interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE (						
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions or Arthere sclerat Congestine 46	4 11 -	1. 1	In the underly	ng cause given in		a. WAS AN AUTO PERFORMED YES 2	27	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OBITAL .			PLACE OF DEATH (Ch	neck only one)			
IYSIC		OSPITAL: Inputient 2 ER/Out			ome 5 🗆 Residence				
BY PF	1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		M 1	NJURY AT YORK? YES 2 NO		BE HOW INJUI		
	3 Suicide 6 Could not be determined	26s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm,	street, factory, of	lica	281. LOCATH City or 1	ON (Street and Pown, State)	Number or Rural i	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O								s) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	M	m		29c. LICENSE NUI	MBER 3335	7 1	d, DATE SIGNED	(Month, play, Year)
	30. MAME AND ADDRÉSS OF PERSON WHO CO	Mushe	~ /0	o, Print)	E fell	1/m	St,	Rock	willems
	JUL 2 2 1994 Ju	32. REGISTRAR'S SIGN						8	20 8 ( Z

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
BOX 687	ficate be execute	physician and cone prior to burial	er traumatic	
DS, P.O.	the death certif	the attending Mental Hygier	njury, or oth	
RECOR	requires that	been signed by	shows any	
F VITAL	SICIAN: The law	certificate has the State Depr	, or item 23	
SION OI	TENDING PHYS	OR: After this fer death with	8 is marked	
DIVI	SPITAL OR ATT	VERAL DIRECTA	IT: If item 2	
	TO THE HO	TO THE FUI	IMPORTA	1

Amended #1, 7/19/94, MRT, Montgomery County

1- STATE STATE
STATE OF MARYLAND / DEPARTMENT OF HEALT STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	ONIL OI	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	layton Pu	C. Pug	hisr		2. DATE OF	DEATH DAY	YEAR,	3. TIME OF DEATH 9:50AM
4. SOCIAL SECURITY NUMBER 578-54-9238	5./SEX 6. /	MGE (In yrs. lest birthday) _ 51 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D Decem	ey, Year) 1942	Count	PLACE (State or Foreign ry)
Se. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	100	OUNTY OF D	
Holy Cross Ho			Silver	Spring		Мо	ntgom	ery
	tgomery	10c. CITY Oln	town or Loca Ley	TION				10d, INSIDE CITY LIMITS? 1 YES 2 NO
3205 Prince Hen			.10	N. ZIP CODE 2083	2		SA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EV FORCES? 1 T IF YES, GIVE WAR (	YES 2 TNO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	en, Puerto Rica		- 14. RACI Blaci Spec	E — Americen Indian, k, White, etc. hy: White
15. DECEDENT'S EDI (Specify only highest grade	le completed)	16a. DECEDENT'S I (Give kind of w ille. Do NOT use	ork done during m	ION ost of working	16b. KII	ND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck	Driver		Tru	cking		
17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA		fle, Maiden Surnam	•)	
John Marvin	Pugh			Mary	Lee	Ransom		
19e. (NFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number,	City or Town, State,	Zip Code)	
Nancy I. Pugh		3205	Prince	Henry Co				
20s. METHOD OF DISPOSITION  1 \$\overline{\pi}\$ Burlet 2 \( \text{Donation} \) Cremation 3 \( \text{Pen}\) Ren  4 \( \text{Donation} \) Donation 8 \( \text{Other} \) Other (Specify)	noval from State	206. PLACE AND DATE O cometery, cremetory or off Parklawn	her nlacel		1	20c. LOCATION ROCKV		Maryland
21. SIGNATURE OF FUNERAL SERVICE LI  23. PART I. Enter the diseases, Dr ahock, or heart failure.	complications that ca	Well Do no	FRANCI 500 UN		LINS F	, W., S	IL. S	INC. P., MD 209
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	00E 10 (OR	AS A CONSEQUENCE OF	(~)	Careino	3 C = 3 C			
PART II. Other algnificant condition	na contributing to dea	th but not resulting in	n the underlyle	ng ceuse given in	Part i. 24	a. WAS AN AUTOP	SY 246	WERE AUTOPSY FINDING
					1	PERFORMED?	-	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 -NO
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	/Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	s □ Other (S	pecify)		
27. MANNER OF DEATH	28a. DATE OF INJI (Month, Day, Y	URY 28b. TIME (INJU	OF 28c. IN	JURY AT ORK? YES 2 NO		IBE HOW INJURY	OCCURED	
1 Natural 5 Pending								
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, s (Specify)	treet, factory, offi	ce		ON (Street end Nun fown, Stelle)	nber or Rural i	Route Number,
2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only	28e. PLACE OF IN building, etc.  SICIAN: To the best of my IER: On the bests of exami	(Specify) knowledge, death occurre	d at the time, dat	e end ptace, end du	City or 1	own, State)	stated.	
2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only	building, etc.  SICIAN: To the best of my	(Specify) knowledge, death occurre	d at the time, dat	e end ptace, end du	City or 1  a to the cause( tima, date en	own, Stete) e) end manner as d place, end due t	stated. the cause(	
2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	building, etc.  SICIAN: To the best of my IER: On the best of exami	(Specify)  knowledge, death occurrenation end/or investigation	d at the time, det n, in my opinion, Print)	e end prace, end dudenth occured at the	City or 1  a to the cause( tima, date en	own, Stete) e) end manner as d place, end due t	stated. the cause(	e) end manner ee stated. (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Exchange after death. Page 6 may be retained by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriet
be filed within 72 hours after death with the State Dept. of Health and Merital Hydiene phor to bunal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAN				CAIL	<u> </u>	DEAL		HI	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH													
	MARTHA ANN PORTER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III v.)										994 6:55 PM			
ĵ.	214-48-3078	1   M 2   X F	37		IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) Mar 25, 192		122	Country			
i			71	YRS.	96. CITY, TOWN OR LOCATION OF DEA				Mar 25	25, 1923 W				
Œ	9a. FACILITY NAME (If not institution, give street and number) MEMORIAL HOSPITAL							ON OF DE	HTA					
6	RESIDENCE OF DECEDENT		CUMBERLAND ALL						ALL	EGANY				
DIRECTOR	10a. STATE 10b. COUNT	10c. CITY	IOC. CITY, TOWN OR LOCATION 10d. INSI							10d. INSIDE CITY				
ā	MD Alle	Cum	berla	nd					1 X YES 2 NO					
A	10e. STREET AND NUMBER	101. ZIP COOE						HAT COUNTRY?						
<b>E</b>	743 Maryland Ave			2	1502		USA							
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	RMED 13. WAS DECENDENT OF HISPAI NO If yes, specify Cuban, Maxica				F HISPAN	IIC ORIGIN? (Specify Yas or No- 14.			14. RACE Black.	- American Indian, White, atc.			
B	3 X Widowed 4 Divorced									hite				
												nii te		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  College (1-4 or 5 +)													
립	12	College (I-I of 5+)		memaker					Own Hame					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	George Martin		Laura (Mumaw) Martin											
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (S	treet ar	nd Number	or Rural A	loute Number, C	ity or Town	n, State, Zij	o Code)		
F	Gloria J. Porter		74:	3 Mar	yland	A f	venu	ei Cu	umberla	and,	MD	2150	2	
	20a. METHOD OF DISPOSITION 11√2 Burlal 2 ☐ Cremation 3 ☐ Ram	oval from State	20b. PLACE A	ND DATE O	F DISPOSITIO	ON (Ner	me of		DATE	20c. LO	CATION -	City or Tow	vn, Stata	
	100 Burtal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  Restlawn Memorial Gardens 7/19 Cumberland, MD													
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	1/	A 1				SS OF FAC						
- 1	Canos +	XI ca	all						eral H					
	23. PART / Enter the diseases, or complications that based the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feiture. List only one cause on each line.  Approximate interval Returner													
	interval Between IMMEDIATE CAUSE (Fine) Immediate CAUSE (Fine)													
	disease or condition													
	OUE TO (OR AS A CONSEQUENCE OF):													
No.	Sequentially list conditions,  D. METASTATIC CAN CER OF BREAST  OUE TO (OR AS A CONSCOUENCE OF):													
CERTIFICATION	ra any, reason to minimizate cause. Enter UNDERLYING													
문	CAUSE (Disease or Injury 5 c.													
E	thet initiated evente resulting in death) LAST											1		
빙		d												
A.	DEDECOMEOS A								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
EDICAL	DEHYDRATION , FIFERCHILDREMIC ACIDOSIS 1 YES 2 THO OF DEATHS										COMPLETION OF CAUSE OF DEATH?			
ME	DEHYDRATION; HYERCHLOREMIC ACIDOSIS 1 YES 2 DATO COMPLETION OF CAUSE OF DEATH?  BRONCHITIS; PYELONEPHRITIS 1 YES 2 DATO													
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 2													
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:  OTHER:													
IYS	1 TES 2 THO  27. MANNER OF DEATH	1 Dinpetlant 2		DOA	4 Nursing			sidenca	6 Other (Spe					
	1 Natural 5 Pending	28s. OATE OF II (Month, Da)	y, Year)	26b. TIME INJU	IRY	WOR		1 NO	28d. OEŞCRIB	E HOW IN	IJURY OC	CURED		
B	2 Accident Investigation	28e. PLACE OF	INJURY — At hom	M 1 YES 2 NO					28t. LOCATION (Street and Number or Rural Route Number.					
	3 Suicide a Could not be datarmined	ro, variii, ac	root, tactory,	onnee	,		City or Town, State)							
COMPLETED	29a. CERTIFIER													
MP	29a. CERTIFIEN (Check only one)  1 DESTRIPTING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
8	0													
H	296. SIGNATURE AND TITLE OF CERTIFIE	* DB1	That !	ME.				NSE NUM	BER		29d, DAT	/	(Month, Day, Year)	
D 23334									4 7/16/94					
						0 1	IEE/							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	A 171, F	INIU	, MU	41	1556			_				
	DINESH SHAH M.D., P.O. BOX 131, PINTO, MD 21556  31. DATE FILED (Month, Day, Year)  JUL 1 8 1994  JUL 1 8 1994													
		/												

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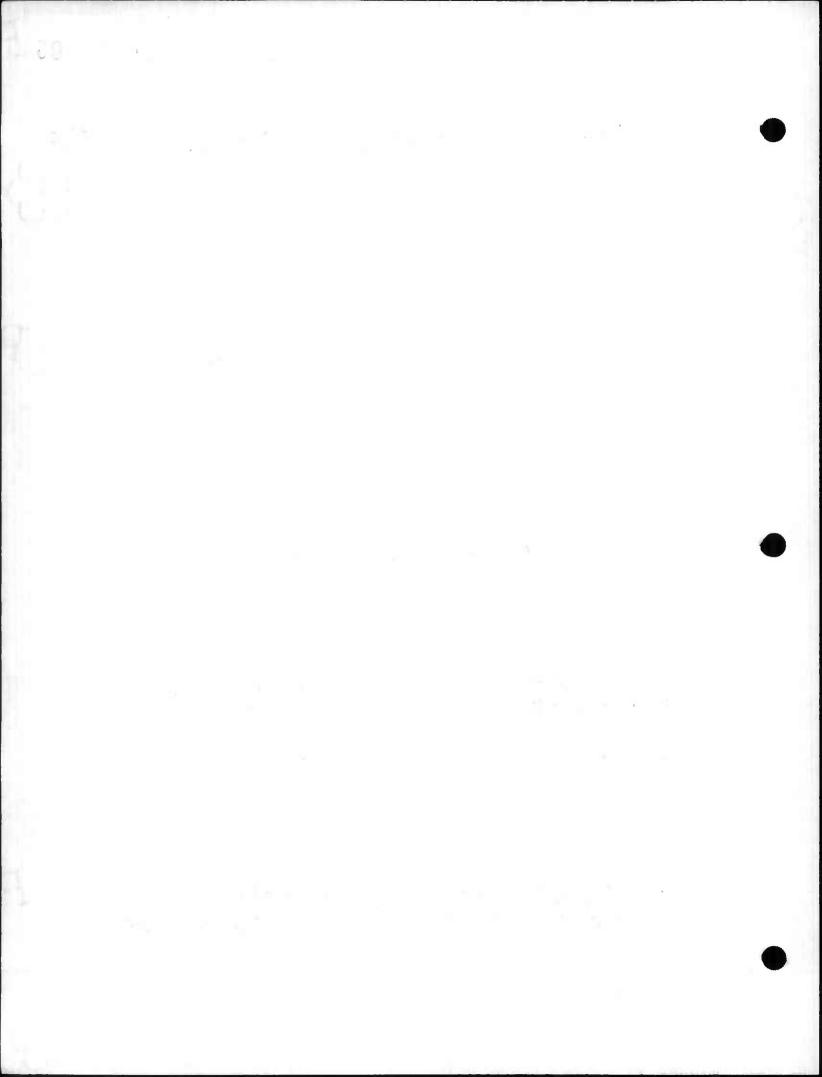
31. DATE FILED (Month, Day, Year)

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hin 24 nours after death. Page 6 may be retained by the hospital or attending physician.	tely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm mation, or removal.	t, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH DEAT		MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Last)  Corne/1	Corne Ju	S// Dalte	on Parker				\	2 DATE OF DEATH MONTH 9 DAY 1994			3. TIME OF DEATH 930 A M		
1	4. SOCIAL SECURITY NUMBER 190-10-1653	5. SEX 1)X)XM 2 ☐ F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER :	MIN.	7. DATE OF BIRTH 4 (Month, Day, Year) February	911 24,	Countr	LACE (State or Foreign y) bama		
TOR	99. FACILITY NAME (If not institution, give s 5002 - 43rd Ave RESIDENCE OF DECEDENT		9b. CITY	тоwн о Hyat	nty of b	Georges								
DIRECTOR	10s. STATE 10b. COUNT	nce Geor	ges	10c. CITY, TOWN OR LOCATION Hyattsville						10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	104. STREET AND NUMBER 5002 - 43rd Ave		10f. ZIP CODE 20781							States				
BY FUN	11. MARITAL STATUS  1 Never Married 2XX Married  3 Widowed 4 Divorced	or Married 2XX Married FORCES? 1 X YES 2 1					ENDENT OF cutton 2/1/2 NO	ns or No-	or No- 14. RACE - American Indian, Black, White, etc. Specify: Black					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th grade	CEDENT'S ive kind of a Do NOT us	USUAL Owork done to retired.)	CCUPATIO during mos	N st of working	7	166. KIND OF BUSINESS/INDUSTRY  City of Pittsburgh, P.							
l m l	17. FATHER'S NAME (First, Middle, Lest) Dalton	Truck Driver  16. MOTHER'S NAME (First Parker Rebecca							ME (First, Middle, Maide	First, Middle, Maiden Surname)				
TO B	190. INFORMANT'S NAME (Type:/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley Parker-Watson(daughter) 8509 Potomac Street, College Park, Maryland 20740													
	20b. PLACE AND DATE OF DISPOSITION   OATE   20c. LOCATION — City or Town, State   1   Donation 6   Other (Specify)   Rest Land Memorial Park   21. SIGNATURE OF FUNERAL SERVICE LICENSEE										Pennsylvani			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home 3831 Georgia AVenue, N.W.; Wash.D.C. 20011													
	shock, or heart failure. List only one cause on each line.										Approximats interval Between Onset and Death			
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    University   Conference   1   YES 2   1   YES 2   1   YES 2   NO													
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1													
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending  28s. DATE OF INJURY (Month, Day, Year)				E OF URY M	28c. INJU WOF	JRY AT		28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 6 Could not be determined	F INJURY — At horetc. (Specify)	t home, farm, street, factory, office					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Rading	nest	0			29c LICEN	SE NUM	BER 30	29d. 04	E SIGNED	(Month, Day, Year)		

wha Davidson-Randall



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funeral director, page 5 should be detached for use as the

complete

Page 6 may be retained by

the hospital or attending physician.

**BALTIMORE, MARYLAND 21215-0020** 

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DIVISION OF VITAL RECORDS,	SITAL OR ATTENDING DEVOICIAN: The law requires that the death certificate he execut
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 6.28 PM MARY FILE 94 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign HOURS 1 M 2 X F March 8, 1930 578-38-4701 64 Virginia 9a. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Maryland College Park 1 [X] YES 2 | NO FUNERAL 10. STREET AND MIMDER 10g. CITIZEN OF WHAT COUNTRY? 9521 48th Place 20740 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rid 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🔀 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) 10 Factory Worker Private 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Sumame) 7 Harry Greene Rorrer Vava Lake Albert BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Richard Payette 22 Habersham Court, Silver Spring, Maryland 20906 3 20e METHOD OF DISPOSITION
1 23 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Arlington National Cemetery 7/20/94 Arlington, Virginia 4 Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lecules Illed in by the fun. or removal. 4739 Baltimore Ave., Hyattsville, MD 20781 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between ahock, or heart failure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final cremation. the disease or condition Chromic DESTRUCTIVE = Disease reaulting in death) traumatic event, and com o burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE been signed of. of Health a 1 YES 2 NO 1 YES 2 NO has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL:
1 | Inpatient 3 | DOA OTHER ing Home 5 - Residence 6 - Other (Specify) 6 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 28d. DESCRIBE HOW INJURY OCCURED 28h TIME OF this o marked. NJURY Natural 5 Pending 2 NO BY After death 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be DIRECTOR: / 60 4 Homicide COMPLET item 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 黑黑黑 208546 14-94 e 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BZIB WISCOUSIN

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ecber

32. REGISTRAR'S SIGNATURE

ia Lavidson-Randall

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31. DATE FILED (Month, Day, Year)

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	VOING PHYSICIAN: The law requires that the death certificate be executed within a hours after death,	After this certificate has been signed by the attending physician and completely filled in by the funera
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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
þ	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN
ı	DDANIE TOOT TO	DUCCELL	MONTH DAY

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF				3. TIME OF OEATH
	FRANK L	ESLIE	RUSSE	LL					[	TIIT.	7 06	199	YEAR	11:00 P
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	ast birthday)	IF UNDER 1		FUNDER		7. DATE OF (Month, D	BIRTN	. ,		PLACE (State or Foreign
	219-07-120	15	1 🔀 M 2 🗌 F	74	YRS.	MONTHS	DAYS HO	OURS	MIN.	March	12	1920	Mary	, land
	98. FACILITY NAME (If not in	stitution, give st	reet and number)	_	2		OWN OR L			ATH		9c. COU	NTY OF D	
DIRECTOR	173 -GOOS	E MAN	RD (2003	e max 1	oad	RIS	ING	SU	N			CEC	IL	
ן ק	PESIDENCE OF DEC	10b. COUNTY			_	, TOWN OR	LOCATION							
<u>E</u>	Maryland		cil											10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		CII			North		P CODE				40 017		1 YES 2 NO
RA	785 Howery						101. 2.11							THAT COUNTRY?
FUNERAL	11. MARITAL STATUS	Lane	12. WAS DECEDEN	EVER IN U.S.	RMFD	13 W	S DECENC		901	IC ORIGIN? (	Connitty Was			States - American Indian,
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2		H	yes, specify	y Cubar	n, Maxicen	, Puarlo Rica		OI NO-	Bleck	, Whita, atc.
BY	3 Widowed 4 Dive	rced	WW II	AN ON OAIES		''	YES 2	XI NO	Specify.				Speci	White
COMPLETED	15. DEC (Specify onl	EDENT'S EDUC	CATION completed)	16a. I	ECEDENT'S	USUAL OCC	UPATION	f workin	a	16b. KI	ND OF BUS	INESS/IND	DUSTRY	
91	Elementary/Secondary (		College (1-4 or 5+		te. Do NOT us	e retired.)	mg most or	Worlding	9					
₹	6				arpen	ter				В	uildí	ing		
8	17. FATHER'S NAME (First, M						16			ME (First, Midd				
H	Alvin Ches		ssell					-		ae Sm				
2	19a. INFORMANT'S NAME (			1	96. MAILING								Code)	
	Edmund C.				785 H			-	Nort				.901	
	1 Burial 2 Crematic	n 3 🗆 Ramo	oval from Stata	cemetery, c	rematory or of View	F DISPOSIT	ION (Name o	of	_	DATE			City or To	
	4 Donation 5 Other  21. SIGNATURE OF FUNERA		ENSEE //	Day	view		ME AND A			19/94	Вау	Viev	v, Ma	ryland
	- ///	0/11				Cr	ouch	Fu	nera	1 Hom				
- 73	Mora	211	- NOU	KA		12	.7 So	uth	Mai	n St.	, Nor	th E	ast,	MD 21901
	23. PART I. Enter the d shock, or h	iseasea, or c eert fellure. I	complications thet List only one cau	caused the e	deeth. Do n ne.	ot enter ti	ne mode	of dyle	ng, auch	ea cerdiad	or reapir	ratory an	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (FI	nel												Onset and Death
	disease or condition resulting in death)	<b>→</b> ,	. AHER	osck	ohz	_ (	ard	101	1450	inla	- 0	lise	use	
			DUE TO	OR AS A CONS	EOUENCE OF	):								
NO	Sequentially list condit	lona,	DUE TO	OR AS A CONS	EQUENCE OF									
F	if any, leading to imme cause. Enter UNDERLY		502 10	OR AS A CONS	EUUENCE OF	);								i l
윤	CAUSE (Disease or Injuthat initieted events	iry S	DUE TO	DR AS A CONS	EOUENCE OF	):							_	
F	resulting in death) LAS	T	4.											
- I														
	DADT II. Other cloudles	-1 401-				F 12-2								
	PART II. Other significe	nt condition	e contributing to	deeth but not	reaulting I	n the und	erlying ce	euee g	iven in i	Part I. 24	e. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL CERTIFICATION	PART II. Other significe	nt condition	e contributing to	deeth but not	reaulting I	n the und	erlying ce	euee g	iven in i			MED?	24b.	
MEDICAL									iven in i		PERFOR	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	DID TOBACCO	O USE C					I YES		NO	- ':	PERFOR	MED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TEXAMINER? 1 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1	D USE C	HOSPITAL: 1   Inpetient 2   280. DATE OF (Month, De	TO CAU	SE OF	OTHER: 4   Nursir	26. PLACE 26. PLACE 26. INJURY WORK? 1 YES	E OF DE	NO EATH (Che	ck only one)  B Other (S	PERFORI YES 2	MED?  NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED T EXAMINER? 1  YES 2  NO 27. MANNER OF DEATH 1 Netural 5  2  Accident 3  Suicide 6	D USE C	HOSPITAL: 1   Inpetiant 2   28a. DATE OF (Month, Da	TO CAU	SE OF	OTHER: 4   Nursir	26. PLACE 26. PLACE 26. INJURY WORK? 1 YES	E OF DE	NO EATH (Che	ck only one)  B Other (S 28d. DESCR	PERFORI YES 2	MED?  NO	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED T EXAMINER?  1  YES 2 NO 27. MANNER OF DEATH 1 Netural 5   2	D USE CD MEDICAL Pending Investigation Could not be determined	HOSPITAL: 1   Inpetient 2   29a. DATE OF (Month, Date of Deutlding, Da	ER/Outpetlent INJURY y, 'ber'  FINJURY — At letc. (Specify)	3 DOA 28b. TIME INJU	DEATH OTHER: 4   Nursir E OF JRY M   2	26. PLACE 26. PLACE 26. NJURY WORK? 1  YES y, office	E OF DE	NO EATH (Checked)	ck only one)  B Other (S)  28d. DESCR  28f. LOCATIC City or 1	PERFORI YES 2  Pecify)  DN (Street a. Down, State)	MED?  NO  NO  JURY OC	CURED  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED T EXAMINER?  1  YES 2 NO 27. MANNER OF DEATH 1  Netural 5   2  Accident 3  Suicide 6   4  Nomicide 29e. CERTIFIER (Check only 1 CERT	D USE CD MEDICAL  Pending Investigation Could not be datarmined	HOSPITAL: 1   Inpetiant 2   29a. DATE OF (Month, Dailding,	ER/Outpetlent INJURY y, 'ber' FINJURY — At letc. (Specify)	3 DOA 28b. TIME INJU	OTHER:  OTHER:	I YES  26. PLACE  19 Home 5  10 H	E OF DE	NO EATH (Che aldenca (	ck only one)  Charles	PERFORI YES 2  Pecily)  DN (Street a. own, State)	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED  or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED T EXAMINER?  1  YES 2 NO 27. MANNER OF DEATH 1  Netural 5   2  Accident 3  Suicide 6   4  Nomicide 29e. CERTIFIER (Check only 1 CERT	Pending Investigation Could not be determined	HOSPITAL:    Impetiant 2     28a. DATE OF (Month, Date of the best	ER/Outpetient INJURY INJURY INJURY — At letc. (Specify)  Try knowledge, amination and/or	3 DOA 28b. TIME INJU	OTHER:  OTHER:	26. PLACE 26. PLACE 27. PLACE 28. INJURY WORK? 1  YES 29. office e, deta and nion, death	E OF DB	NO EATH (Che aldenca NO and due to ad at the to	281. LOCATION of the cause of t	PERFORI YES 2  Pecily)  DN (Street a. own, State)	MED?  NO  AJURY Oc.  Add Number as stated due to the control of th	CURED  or Aural A  led.  ha cause(a)  E SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Oute Number,  and menner as stated.  (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED T EXAMINER?  1  YES 2 NO 27. MANNER OF DEATH 1 Netural 5   2 Accident 3  Suicide 6   4 Nomicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE	D USE CO MEDICAL Pending Investigation Could not be determined	HOSPITAL:    Impetiant 2     28a. DATE OF (Month, Date of the best	ER/Outpetient INJURY INJURY INJURY — At letc. (Specify)  My knowledge, amination and/outpetient  My knowledge, amination and/o	SE OF  3 DOA  28b. TIME INJU  corra, ferm, s  geath occurre r Investigation	OTHER: 4   Nursir E OF JRY M treet, factor d at the tim	26. PLACE 26. PLACE 27. PLACE 28. INJURY WORK? 1  YES 29. office e, deta and nion, death	E OF DB	NO EATH (Che aldencs NO and due to	281. LOCATION of the cause of t	PERFORI YES 2  Pecily)  DN (Street a. own, State)	MED?  NO  AJURY Oc.  Add Number as stated due to the control of th	CURED  or Aural A  led.  ha cause(a)  E SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED TO EXAMINER? 1  YES 2  NO 27. MANNER OF DEATH 1  Netural 5  Suicide 6  Nomicide 6  Suic	D USE CD MEDICAL  Pending Investigation Could not be datarmined  TIFYING PHYSIC CAL EXAMINED  F PERSON WHO	HOSPITAL: 1   Inpatient 2   29a. DATE OF (Month, Date of Month) Date of the best of R: On the best of R: On the best of D. COMPLETED CAUS	ER/Outpetient INJURY INJURY INJURY — At letc. (Specify)  My knowledge, amination and/outpetient  My knowledge, amination and/o	3 DOA 28b. TIME INJUDICATION SEEM 27) (Type,	OTHER: 4 ONursir E ORY M treet, factor d at the tim	26. PLACE 29. PLACE 29. PLACE 29. PLACE 29. PLACE 29. PLACE 29. PLACE 20. PL	2 In place, the country of the count	NO EATH (Che aldenca NO and due t ad at the t NSE NUM C • M •	ck only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)	PERFORI YES 2  Pecily) IBE NOW IN DON (Street a. Down, State) a) and menid place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	cured  or Rural R  ted.  te signed  LY (	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number,  and menner as stated.  (Month, Day, Year)  1 6 , 1994
BY PHYSICIAN: MEDICAL	DID TOBACCO 25. WAS CASE REFERRED T EXAMINER?  1  YES 2 NO 27. MANNER OF DEATH 1 Netural 5   2 Accident 3  Suicide 6   4 Nomicide 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE	D USE OD MEDICAL  Pending Investigation Could not be determined  IFYING PHYSIC CAL EXAMINER  F PERSON WHO	HOSPITAL:    Impetiant 2     28a. DATE OF (Month, Date of the best	ER/Outpetient INJURY y, 'ber')  FINJURY — At left. (Specify)  Try knowledge, amination and/outpetient  E OF DEATH (IT	3 DOA 28b. TiME INJUDICATION SERVICE IN 27) (Type, 1111	OTHER: 4 ONursir E ORY M treet, factor d at the tim	26. PLACE 29. PLACE 29. PLACE 29. PLACE 29. PLACE 29. PLACE 29. PLACE 20. PL	2 In place, the country of the count	NO EATH (Che aldenca NO and due t ad at the t NSE NUM C • M •	ck only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)  Ck Only one)	PERFORI YES 2  Pecily) IBE NOW IN DON (Street a. Down, State) a) and menid place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	cured  or Rural R  ted.  te signed  LY (	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Oute Number,  and menner as stated.  (Month, Day, Year)

Gda. .

# STATE OF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF	RTMENT DF H	EALTH AND N	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, La		2 .			2. DATE OF DEATH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	ATHPLACE (State or Foreign
	200-16-8444	1 √2 M 2 □ F	70 YRS.	MONTHS DAYS	HOURS MIN.	3/6/24	Cor	nsylvania
_	9e. FACILITY NAME (If not institution, gi			96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	
DIRECTOR	Harford Memoria			Havre d	e Grace		Har	ford
REC	10e. STATE 10b. COL		10c. CI	Y, TOWN OR LOCAT	ION			10d, INSIDE CITY
	Maryland	Harford	A	berdeen				1 XYES 2 NO
FUNERAL	320 South Roger	c Stroot		101	21001		10g. CITIZEN O	F WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes		ACE — American Indian,
В	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1 YES, GIVE WAR O		It yes, sp	ecify Cubsn, Mexicar 2X NO Specify	n, Puerto Ricen, etc.)	Sp	eck, white, etc. pectly: White
밀	15. DECEDENT'S E (Specify only highest g	EDUCATION raide completed)	16e. DECEDENT'S	USUAL OCCUPATION Work done during moise retired.)	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	1
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	100	g Clerk		Retail	Sales	
OM	17. FATHER'S NAME (First, Middle, Lest)			5	18. MOTHER'S NAI	ME (First, Middle, Maiden		
BE C	John A. Rodge	rs			Byrd M	cGarvey		
10	190. INFORMANT'S NAME (Type/Print)  Ms. Mary A. Dix	ton				Noute Number City or Town		
	20e. METHOD OF DISPOSITION  1	Removal from State	20b. PLACE AND DATE cemetery, crematory or c	OF DISPOSITION (Na	Tpc	7/27 Wes	CATION - City or	
	21. SIGNATURE OF FUNERAL SERVICE		IN THE LCL	22. NAME AN	D ADDRESS OF FAC	CILITY		
	* Kenneth	B. lan	10.			Funeral H yland 210		Α.
	23. PART I. Enter the diseases, ahock, or heart fallu	or complications that cay ire. List only one cause of	sed the deeth. Do n each line.	not enter the mo	de of dying, auch	n aa cerdiec or reapi	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	Exter	ne inc		2			Onaet and Death
	resulting in death)	a. Exter DUE TO (OR A	AS A CONSEQUENCE O	if):	-ma	<u> </u>		3weeks
Z	Sequentially list conditions,		rexia	Ť				3weeks.
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE O	F):				
F S	CAUSE (Disease or injury that initiated events	C. DUE TO (OR /	AS A CONSEQUENCE O	P):				
CERTIFICATION	resulting in death) LAST	d						
	PART ii. Other aignificent condit	tione contributing to deat	h but not reculting	In the underlying	ceuse given in	Part i. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
OICAL	EXTENS	I'VE BON	E META	STASIS		PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI								OF DEATH?
ä	DID TOBACCO USE		CAUSE OF	DEATH Y	ES NO			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
H	27. MANNER OF DEATH	1 Inputient 2 ER/0	RY 26b. TIM	E OF 26c. INJ	e 5 Residence	6 Other (Specify)  26d, DESCRIBE HOW IF	JURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	on (Month, Day, Yei	IN -	JURY WO	RK? /ES 2 NO	-		
- 111	3 Suicide 6 Could not determined	building, etc. (3	URY — At home, lerm, Specify)	street, fectory, office		261. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
COMPLETED		HYSICIAN: To the best of my ki						o(a) and manner as stated
	296. SIGNATURE AND TITLE OF CERTI	IFIER			29c. LICENSE NUM			ED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON	- M.S		9/11	D318			-6184
	502 Himls	ers RUN	DR.	HAVRE	DIE C	GRACE	MD 2	1071
	JUL 2 7 1994	Julia Davidson						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing an intervent. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

TO SE COURS CALL	TO BE COMBI ETED BY BUYCICIAN. MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val,	be file! within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,
the funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
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BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760
de a	

. STATE REGISTRAR			CERTIF	IOAIL OI			REG. NO.			
t. DECEDENT'S NAME (First, Middle, Last	ROBERT	k.		REMSBU	RG	2. DATE OF MONTH 7	DEATH DAY		3. TIME OF DEAT 4 9:45	р
4. SOCIAL SECURITY NUMBER 218-30-9576	1½ M 2 🗆 F	6. AGE (In yrs. 85	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De NOV •	ly, Year)		BIRTHPLACE (State or Fo Country) aryland	reign
9a. FACILITY NAME (If not institution, give Meridian Nursing				Frederi	OR LOCATION OF D	DEATH		9c. COUNTY Frede		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Fre	ederick			y, town or loca	ITION				10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 16 West Main St.			1110		01. ZIP CODE 21788			10g. CITIZEN	1 XYES 2 OF WHAT COUNTRY?	NO
11. MARITAL STATUS  t Never Merried 2 (X Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? t X IF YES, GIVE WAI	YES 2	ARMED	If yes, s	CENDENT OF HISPA pecify Cubers, Mexic 8 ZX NO Speci	an, Puerto Rica		or No- 14.	RACE — American India Black, White, etc. Specify: White	ın,
15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	16e.		USUAL OCCUPATI work done during m se retired.)		16b. K/P	OF BUS	INESS/INDUST		١
12	5+		Self E	mployed				Deale	rship	
Amos A.	Remsburg				Hannah	n M	ay	Sig		
199. INFORMANT'S NAME (Type/Print) Mary Frushour Re	msburg (Wi	fe)			st., Th					
20e. METHOD OF DISPOSITION  [5] Burlel 2	moval from State	cemetery,	cremetory or or haven	of disposition (A	lame of 1 Garden	OATE 7/28	Fred	cation – city derick	or Town, State	
										1
21. SIGNATURE OF FUNERAL SERVICE 1  23. PART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition	r complications that e. List only ons ceus	caused the	death. Do r	22. NAME A ROBER 615 E	ND ADDRESS OF F. TE. DAI AST MAIN ode of dying, su	LEY & STREE	SON I	FUNERAL URMONT	Interval B	. A
23. PART I. Enter the diseases, on shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a	caused the a on each i	death. Do r	22. NAME A ROBER 615 E not enter the ma	AND ADDRESS OF F. TE. DAI AST MAIN	LEY & STREE	SON I	FUNERAL URMONT	, MD 21788 Approxim- Interval B	. A
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	caused the la on each i	death. Do rina.  Levot SEQUENCE OF	22. NAME A ROBER 615 E 615 E F):	NO ADDRESS OF F. T. E. DAI	ACILITY LEY & STREE Ch as cardlec	SON I	FUNERA:  JRMONT  ratory arreat	, MD 21788 Approxim- Interval B	. A
23. PART I. Enter the diseases, o shock, or heart failure immediate cause (Final disease or condition resulting in death)  Sequentially liet conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	caused the la on each i	death. Do rains.	22. NAME A ROBER 615 E 615 E F):	AST MAIN ode of dying, sur	ACILITY LEY & I STREE ch as cardlec	SON I	FUNERAL  URMONT  retory arreat  Local  Autropsy MED?	, MD 21788 Approxim- Interval B	NDIN TO
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions in the condition of the cond	a. Oue TO (C) b. DUE TO (C) c. DUE TO (C) d. One Contributing to d	Caused the a on each i	death. Do rina.  Levot SEQUENCE OF	22. NAME A ROBER 615 E not enter the many Fig. Fig. Fig. The underlying 26. F	IND ADDRESS OF F. TE. DAT  AST MAIN ode of dying, sur  AST VIII  THE CONTROL OF OBJECT	TEY & STREE ch se cardiec	SON IT THU or reapir	FUNERAL  URMONT  retory arreat  Local  Autropsy MED?	Approximinterval B. Onset and Onset	. A
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23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OPDEATH	a. DUE TO (C. DUE TO (	Caused the la on each in the latest of the latest l	death. Do rina.  Levot SEQUENCE OF SEQUENCE OF SEQUENCE OF The sequence of the	22. NAME A ROBER 615 E not enter the mi  F):  F):  The in the underlying the content of the cont	IND ADDRESS OF F. TE. DAI  AST MAIN ode of dying, sur  AST MAIN ode of dying, sur  ACCOUNTY AND THE STATE OF PLACE OF OEATH (C) THE STATE OEATH (C) THE STAT	TEY & STREE Ch as cardled as card	BON IT THU or reapir	AUTOPSY MED?	Approximinterval B Onset and Onset a	NDIN TO AUSI
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions in the condition of the con	a	Caused the a on each is a on each is a on each is a control on a control on a control	death. Do rina.  Levol SEQUENCE OF SEQUENCE OF SEQUENCE OF The sequence of the	22. NAME A ROBER 615 E not enter the management of the management	IND ADDRESS OF F. T. E. DAI AST MAIN ode of dying, sur address of F. T. E. DAI AST MAIN ode of dying, sur address of P. Acceptation of the surface of OEATH (Come 5   Residence JURY AT ORK? ORK? ORK? ORK?	TEY & STREE ch as cardled as card	a. WAS AN / PERFORI  YES 2  Decity)  BE HOW IN  ON (Street a)  By end many	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?	Approximinterval B. Onset and Onset	NDIN TO AUSE
23. PART I. Enter the diseases, or shock, or heart failure immediate cause. (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions in the condition of the con	a. DUE TO (C. DUE TO (	Caused the a on each is a on each is a on each is a control on a control on a control	death. Do rina.  Levol SEQUENCE OF SEQUENCE OF SEQUENCE OF The sequence of the	22. NAME A ROBER 615 E not enter the management of the management	IND ADDRESS OF F. T. E. DAI AST MAIN ode of dying, sur address of F. T. E. DAI AST MAIN ode of dying, sur address of P. Acceptation of the surface of OEATH (Come 5   Residence JURY AT ORK? ORK? ORK? ORK?	TEY & STREE ch as cardiec as cardiec ch as c	a. WAS AN / PERFORI  YES 2  Decity)  BE HOW IN  ON (Street a)  By end many	AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?  AUTOPSY MED?	Approximinterval B. Onset and Onset	NDINGTO AUSE

Control of the Contro

Value of the

15-0020	tending physicia	as the burial-t	
BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or at	je 5 should be detached for use	s notified at once.
BALTIMORE	nours after death. Page 6 may l	ed in by the funeral director, pag or removal.	medical examiner must be
		mation.	t, the
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TU THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physicia	TC THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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- 1	6	7	- i

	1 - STATE REGISTRAR	SIAII	E UF MAK	YLAND / D Cer		ITMENT ICATE				MENTA	L HYGIENI REG. NO.	E		
. 1	1. DECEDENT'S NAME (First, Mid	die, Last)								2. DATE	OF DEATN			3. TIME OF DEATN
	ALMA MA	ARY R	ODGERS							Ju1		994	YEAR	5:40 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. A	GE (In yrs. lest bir	thday)	IF UNDER		IF UNDER			OF BIRTN		a. BIRTH	PLACE (State or Foreign
- 17	103-22-9536	1 🗆 M :	X	71	YRS.	MONTHS	DAYS	HOURS	MIN.		. 30,19	922		York
	9e. FACILITY NAME (If not institut	tion, give street and nu	mber)			9b. CITY	TOWN O	R LOCATIO	ON OF DE				NTY OF DE	EATN
0	Holy Cross H	lospital				Si1	ver	Spri	ng			Mor	ntgom	ery
ធ្ន	RESIDENCE OF DECED	COUNTY		1	ne cir	Y, TOWN C	B LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland	Montgome	<b>1</b> 737					Sprin	ı oʻ					LIMITS?
	10e. STREET AND NUMBER	Honegome	Ly		_	OTIV	_	ZIP CODE				10a CIT	IZEN OE W	1 YES 2 NO
ER/	11805 Ithica	Drive						209					SA	TIAL COUNTRY?
FUNERAL	11. MARITAL STATUS		DECEDENT EVE	R IN U.S. ARMEI	D	13.	WAS DEC			IC ORIGI	N? (Specify Yee			- American Indien,
	1 Never Married 2X Marr	ried FORC	ES? 1 Y	ES 2 TNO		- 39	f yea, spe	cify Cuba	n, Mexicer	n, Puerto	Rican, etc.)		Black Specif	, White, atc.
BY	3 Widowed 4 Divorced							-7/	ориспу.				Whi	
COMPLETED	15. DECEDER (Specify only high	NT'S EDUCATION hest grade completed)		16a. DECEE	DENT'S	USUAL O	CUPATIO	N st of workin	ıa	168	. KIND OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College	(1-4 or 5+)	life. Do	NOT us	se retired.)	-37		•			_		
M		4		Regis	tei	red N	urse				Medica			
	17. FATHER'S NAME (First, Middle,									ME (First,	Middle, Malden			
H	George	Habla			_				tha		Lar			
ဍ	19e. INFORMANT'S NAME (Type/F					Ithi					ber, City or Town			nd 20904
	Joseph P. Roc	igers, Jr							: 51	-		-		
	1 N Burial 2 Cremation 3		State	20b. PLACE AND cemetary, cremate	ory or o	thar place)		me or	7	OAT	1		City or Tox	
	21. SIGNATURE OF EUNERAL SE			<u>Gate</u> of	Не			O ADDRES	SS OF FAC	ZZ/	94[ 811]	er S	spr1n	g,Maryland
1	1/1	156				Fr	anc	is J.	Co1	Llin	s Funer		•	
	loour		ims			50	0 U1	niver	sity	/ B1	vd.,W.	Sil.	Spr.	,MD 20901
	23. PART I. Enter the disease shock, or heart	sea, or compliceti fellure. List only	ions that ceu one ceuse or	aed the death n eech line.	. Do r	not entar	the mod	de of dyi	ng, auch	aa can	diac or reapir	atory an	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	G	escrale	zen /	Dey	tory	tis							Onset and Death
	resulting in death)	a	DUE TO (OR	A CONSEQUE	NCE O	F):	A	. 4	1	. 4				( -An.
ᇹᅵ	Sequentially list conditions						MUE	1110	U/ V P	-				6 cruy
F	If any, leading to immediate cause. Enter UNDERLYING		DUE TO (OR A	S A CONSEQUE	NCE O	F):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	c	OUE TO (OR A	S A CONSEQUE	NCE OI	F):								
	reaulting in death) LAST	1												1
		u												
SA	GIOS/93/04	onditions contribu	uting to deat	h but not resu	iting	In the un	derlying	cause g	iven in i	Part I.	24a. WAS AN A PERFORI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
- 1	3/103/43/05	inc product	170 00							_	1 🗌 YES 2	NO		COMPLETION DF CAUSE OF DEATH?
ž										_				1 YES 2 NO
Ž														
2	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPI				OTHER		ACE OF D	EATH (Che	ck only o	ne)			
PHYSICIAN: MED	1 YES 2 NO		_	Outpetient 3 🗆		4 🗆 Nun	ing Nom		sidence	_	er (Specify)			
	1 Netural 5 Pend		DATE OF INJUI (Month, Day, Yea		Bb. TIM INJ	URY	28c. INJU	RK?	1	26d. DE	SCRIBE NOW IN	JURY OC	CURED	
B	2 Accident Inves	itigation	DI ACE OF IN II	URY — At home,	fam.	M		ES 2	NO	201.101				
	3 Suicide 6 Coul-	d not be mined	building, atc. (S	Specify)	·WIIII, 1	Mreet, rect	огу, отне				ATION (Street e. or Town, State)	na Numbei	OF HUMI H	oute Number,
<u> </u>	29a. CERTIFIER													
COMPLETED	onel	NG PHYSICIAN: To the												and manner ea stated.
- 1	292- GIGNATURE AND TITLE OF			A	allgario	,y O	1				e and prace, and			
#	1 suu a	Jo Ga	u.	41)				A )	NSE NUM	LA S			-/P	(Month, Day, Year)
임	30 NAME AND ADDRESS OF PER	SON WHO COMPLE	TED CAUSE OF	DEATH (ITEM 27	7) (Tvace	Print) A		1	-1 1	<i>y</i> /		-/	, 0	//
	30 NAME AND ADDRESS OF PER	ver, m)	2/01/	yedical	de	rf 4	· 4	Ner	Spri	ug. A	90 20	908	2	
	31. DATE FILED (Month, Day, Year)		he Javid	IGNATURE Rando	202									

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020	physicia
LAND 21215-0020	attending
-	6
ND 2	hospital
A	19
7	5
MARYL	retained b
6	8
RE,	may be
ORE,	6 may be
IMORE,	Page 6 may be
BALTIMORE,	er death. Page 6 may be

The state of the

DIVISION OF VITAL BECORDS BO BOY 69760

DIVISION OF VITAL DECORDS, T.O. BOX 801 80;	DALLIMORE, MARTLAND 21213-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the bunial-transit permit, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

1 -	FOR STATE REGISTRAR
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIF	CATE OF DEATH	REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH									
	Joseph Radcliffe		July 17, 1994	10:45 P M									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR		B. BIRTHPLACE (State or Foreign									
	067-24-3241 1½M2□F 75 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country)									
	9a. FACILITY NAME (If not institution, give street and number)		Dec. 25, 1918	Bulgaria									
œ		9b. CITY, TOWN OR LOCATION OF OE		TY OF OEATH									
2	14225 Burning Bush Lane	Wheaton	Mon	tgomery									
입		r, TOWN OR LOCATION		10d, INSIDE CITY									
DIRECTOR		eaton		LIMITS?									
	10e. STREET AND NUMBER	101. ZIP CODE	46. 61717	1 TYES 2 X NO									
A I	ELST-WEIGHT AND HANDS			EN OF WHAT COUNTRY?									
FUNERAL	14225 Burning Bush Lane			ted States									
	1 Never Married 2 Wharried FORCES? 1 VES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica	IC ORIGIN? (Specify Yes or No- 1 n, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, atc.									
ВҰ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 YES 2 NO Specify	:	Specify:									
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	White									
	(Specify only highest grade completed) (Give kind of the state of the	ork done during most of working e retired.)	160. KIND OF BUSINESS/INDU	STRY									
7	College (1-4 or 5+)		C. I. A.										
COMPLET	17. FATHER'S NAME (First, Middle, Lust)												
	Abraham Razi		ME (First, Middle, Maiden Surname)										
8			a (Unavailable)										
2		ADORESS (Street and Number or Rural F	Poute Number, City or Town, State, Zip (	Code)									
		e as 10											
	20a. METHOD OF DISPOSITION  1												
	4 Donation 8 Other (Specify) Suburban	Crematory	/-18 Silver Sp	ring, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												
	· Clen XI, Kapp	Silver Spring	. MD 20910										
	23. PART I. Enter tha diseeses, or complications that caused the death. Do r												
	ahock, or haart fallura. List only one cause on each line.			intarval Between Onset and Death									
	disease or condition (LAUTKIC CANICEN III) Man												
	resulting in dasth)   S. C/AST / C / T/O CE/C  DUE TO (OR AS A CONSEQUENCE OF):												
_		,											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	):											
¥	cause. Entar UNDERLYING												
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF	7:											
F	resulting in dasth) LAST												
	DARK II ON II WAS IN III												
DICAL	PART II. Other significant conditions contributing to death but not resulting	n tha undariying causa given in	Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO									
음			1 TYES 2 1 NO	COMPLETION OF CAUSE OF DEATH?									
ME				1 TES 2 NO									
ż													
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF OEATH (Chi	ick only one)										
PHYSICIAN: ME	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4   Nursing Home 5   Residence	6 Other (Specify)										
£	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year) INJ		28d. DESCRIBE HOW INJURY OCCU	JRED									
ВУ	1 Netural 5 Pending (Month, Dilly, Year) INJ	M 1 YES 2 NO											
	3 Suicide 28e. PLACE OF INJURY — At home, term, t	treet, factory, office	281. LOCATION (Street and Number of	r Rural Route Number,									
Ĕ	4 Homicide determined building, etc. (Specify)		City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only 1 [X] CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred.	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -											
Σ	(Check only one)  2 MEDICAL EXAMINER: On the best of axamination end/or investigation												
8				couse(s) and manner as stated.									
8	29b. SIGNATURE AND TITLE OF CENTIMER	U 29c. LICENSE NUM	A 7 ( )   .	SIONED (Month, Day, Year)									
2		( )   P, C. C	Ju > Ju	ly 18, 1994									
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (市pp.												
	Allen M. Mondzac, M. D., 2141 K Str	e <b>ekt, N</b> W, #707, W	ashington, DC	20037									



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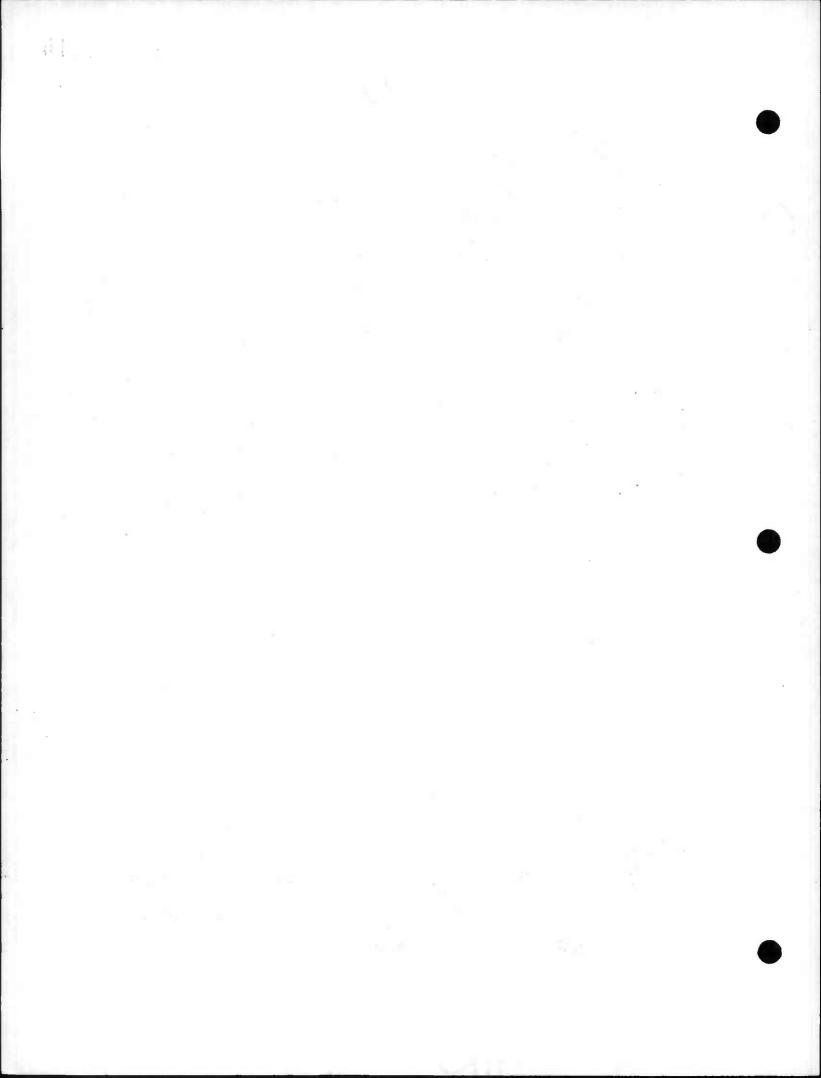
V.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		ENTAL HYGIEN REG. NO							
	DECEDENT'S NAME (First, Middle, Last)     A. SOCIAL SECURITY NUMBER	PHILIP 5. SEX 6. AGE	R.		WER	DATE OF DEATH DO	2-94	11301					
د	236-46-7977  9a. FACILITY NAME (If not institution, give	1 M 2 🗆 F	62 YRS.	MONTHS DAYS	HOURS MIN.	April 9,1	Co	RTHPLACE (State or Foreign unity)  Vest Virginia					
TOR	Northwest Hospit				allstown			timore					
DIRECTOR	10a. STATE 10b. COUNT BE	ltimore	10c. CITY	Reister			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 121 Glyndo	on Drive Apt.	Tl	101. 2		10g. CITIZEN OF WHAT COUNTRY?							
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 A YES IF YES, GIVE WAR OR D	2 NO	NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, stc									
LETED	15, OECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	(Give kind of we life. Do NOT use		SINESS/INOUSTR								
at once.	12 17. FATHER'S NAME (First, Middle, Last) Philip R.	Runner	Posta	al Worker	16. MOTHER'S NAME	U.S. Po (First, Middle, Malden a Mae Ric	Surname)	rvice					
TO BE	19a, INFORMANT'S NAME (Type/Print) Patricia Runner	,				tte Number, City or Tow T 1, Reis		m, Md. 2113					
ner must be	20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremellon 3 Removal from State  4 Donatton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  Eckhardt Funeral Chapel												
cai examiner	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest,   Approx												
ent, the medical	ahock of heart failure.  IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)	a. Oue TO (OR AS A	ach line.			,		Approximate Interval Betwee Onset and Des					
or other traumatic every control of the control of	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  DUE TO (OF AS A CONSEQUENCE OF):  CAPADIO MYORATHY  DUE TO (OF AS A CONSEQUENCE OF):  DUE TO (OF AS A CONSEQUENCE OF):  DUE TO (OF AS A CONSEQUENCE OF):  CAPADIO MYORATHY  DUE TO (OF AS A CONSEQUENCE OF):												
any	PART II. Other algorificant condition	na contributing to deeth b	AR DIS	the underlying	ceuse given in Pa	24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF					1 TES 2 NO					
or item 23 s IYSICIAN:	EXAMINER?	HOSPITAL:		OTHER: 4 - Nursing Homa	5 Residence 6								
s marked, or BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WOR		8d. OEŞCRIBE HOW I	NJURY OCCURE						
28 is TED	3 Suicida 8 Could not be 4 Homicide detarminéd	28a. PLACE OF INJURY building, atc. (Spec	' — Al home, ferm, at cify)	reet, factory, offica	20	Bf, LOCATION (Street   City or Town, State)		rel Route Number,					
림로		ER: On the best of my know						se(a) and manner as stated.					
IMPORTANT:	29b. SIGNATURE AND TITLE OF CERTIFIE	1huy Tel	M	D	29c. LICENSE NUMBE	57	29d. DATE SION	NED (Month, Day, Year) 7-23-94					
-	30. NAME AND ADDRESS OF PERSON WITH	D DEPES	TRE (TEM 27) (Type).		WEST +	tospitA	L CE	NTER					
	31. DATE FILED (MONTH, Day Year)  32. REGISTRAR'S DIGNATURE  JUL 25 1994  32. REGISTRAR'S DIGNATURE												

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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	RTIFIC	ATE	F DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I			3. TIME OF DEATH		
	Eleano	or		S	EREP	CA	July	July 18. 1994 7:40 p				
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest i		F UNDER 1 YEA		7 DATE OF F	HETA	a BIDT	MDI ACE (State or Comics		
	218-38-1204	1 ☐ M 2 🔯 F	78	YRS.	ONTHS DAY		Feb	2,1916	Po	nnsylvania		
	9e. FACILITY NAME (If not institution, give s	treet end number)		9	b. CITY, TOW	N OR LOCATION OF DE			OUNTY OF			
DIRECTOR	311 West College				Fre	ederick			Frede	erick		
Ä	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION 10d. INSIDI								
<u>a</u>	Maryland F	rederick			Free	lerick			LIMITS?			
FUNERAL	311 West College	Terrace				101. ZIP CODE 21701		10g. (		WHAT COUNTRY?		
5	11. MARITAL STATUS	12. WAS DECEDENT E				ECENDENT OF HISPAI			- 14. RAC	E — American Indian,		
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		,		specify Cuban, Mexica ES 2 ☑ NO Specif		n, etc.)	Spec	white White		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DEC	EDENT'S US	UAL OCCUP	ATION	16b. KIN	D OF BUSINESS	INDUSTRY			
<u> </u>	Elementary/Secondary (0-12)			most of working								
COMPLETED	12		Own	er/Op	erate	r	Re	etail C	lothi	ng		
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle	e, Melden Surnam	0)			
BE (	Jacob		ABRAN	ASON		Mary			K.A	AVITSKY		
0	19e. INFORMANT'S NAME (Type/Print)					et and Number or Rural						
۲	Mr. Mark S. Sere	pca	53	28 Ba	1timo	re Avenue	, Chev	y Chase	, Mar	yland 20815		
	20e. METHOD OF DISPOSITION  1 © Burist 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)  Resthaven Memorial Gardens 7/20/94 Frederick, Ma											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY											
	Keeney & Basford P.A. Funeral Home 106 East Church St, Frederick, MD 21701											
	23. PART I. Enter the diseases, or o	complications that c	aused the deal	th. Do not	anter tha	mode of dying, suc	h aa cardiac	or respiratory	arrest,	Approximata		
	shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Death											
}	disease or condition											
	reaulting in death)	DUE TO (O	R AS A CONSECU	JENCE OF	IN	wex				<del>-  </del>		
z												
2	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEOL	JENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
CERTIFICATION	that initiated events	DUE TO (O	R AS A CONSEQU	JENCE OF):								
EH	resulting in death) LAST	d										
	PART II. Other algolificant condition	s contribution to de	anth but not re-	million le	the under	ino causa aluan I-	Dart I I ac	. WAS AN AUTOP	y I.	West Allegana -		
EDICAL		_ sommouning to de	antii Mat 110f (6)	earmid iii	a underly	mg cause given in		PERFORMED?	24	MAILABLE PRIOR TO		
ă							10	YES 2 NO		OF DEATH?		
Σ										1 TES 2 NO		
PHYSICIAN:	AC 1990 0400 0000											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	THER:	PLACE OF DEATH (Ch	neck only one)					
YS	1 TYES 2 NO	1   Inpatiant 2   E		DOA 4	☐ Nursing F	ome 5 Residence						
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF IN (Month, Day,		28b. TIME (	Y	INJURY AT WORK?	28d. DESCRIE	BE HOW INJURY	OCCURED			
ВУ	2 Accident Investigation					YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At hom c. (Specify)	ie, ferm, stre	et, fectory, o	ffice		N (Street and Nun wn, Stete)	ber or Rural	Route Number,		
COMPLETE	290. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, deat	th occurred	at the time, o	ate end place, end due	to the cause(e	) Snd manner as	stated.			
8	one) 2 MEDICAL EXAMINE								e) end manner ee stated.			
	296. SIGNATURE AND TITLE OF CERTIFIET	R				29c. LICENSE NUI	MBER	29d. [	ATE SIGNE	D (Month, Day, Year)		
H	Mull.	Mr.	T'in C	NE		D07186				19, 1994		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (INEM	27) (Type, P	int)	237230			J. L. J	,,		
	Philip J. Shapir	co. M.D	814 Tol	1hous	e Ave	nue. Fred	erick	Marvla	nd 21	701		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE									
	1111 2 0 199	1 Julia d	S SIGNATURE	arletti						]		
الست												



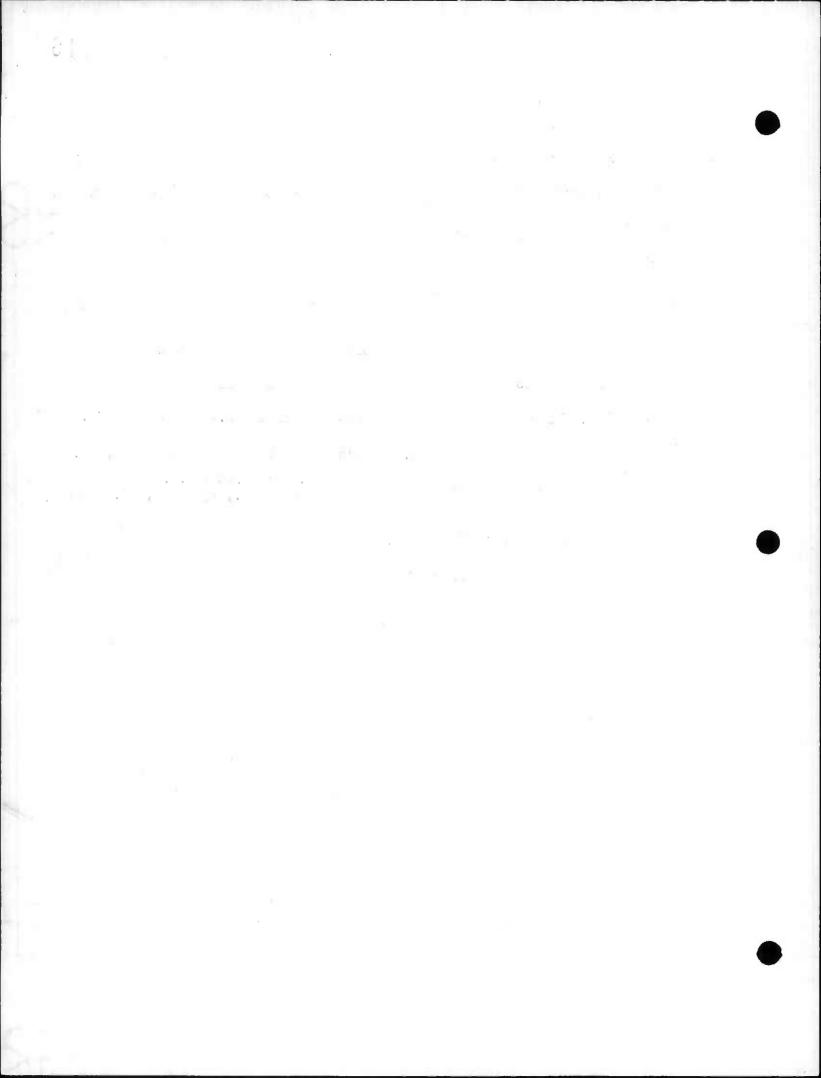
BALTIMORE, MARYLAND 21215-003	ours after death. Page 6 may be retained by the hospital or attending p.	y med in by the funeral director, page 5 should be detached for use as the tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely iffed in by the funeral director, page 5 should be detached for use as the but be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF N				HEALTH AND	MENTA	L HYGIEN	E			Ē,	
1. DECEDENT'S NAME (First, Middle, Las Edward Ne		Sweet				2. DATE MONT July	OF DEATH		YEAR 994	3. TIME OF DO	EATH A	
4. SOCIAL SECURITY NUMBER 220-92-2000 9a. FACILITY NAME (If not institution, give	5. SEX  8. AGE (In yrs. last birthday)  1 X M 2 G F  21 YRS.  8. AGE (In yrs. last birthday)  BY UNDER 1 YEAR  BY UNDER 24 HRS.  7. DATE OF BIRTH (Month, Day, Year)  Feb. 10, 1973 Was											
Pet	ers Road			Frede				Fred			ri.	
10a. STATE 10b. COUN	erick				Estates	( Fr		10d. INSIDE CIT- LIMITS? 1 YES 2 X				
	ive				21701		States	7				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	MED	If yes, I	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	17 (Specify Yes	Unite	14. RACE Black	- American in White, etc.			
15. DECEDENT'S EI (Specify only highest gra Elementery/Secondary (0-12)								SINESS/INDI				
17. FATHER'S NAME (First, Middle, Last)			Posto		18. MOTHER'S N					- 12		
Jesse Willard	Sweet				Cather		Snyde					
190. INFORMANT'S NAME (Type/Print)  Catherine Swe	0.0				and Number or Rural					0.1		
20e_METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION/Name of 20h PLACE AND DATE OF DISPOSITION/NAME OF 20h PLACE AND DATE OF DISPOSITION/Name of 20h PLACE AND DATE OF DISPOSITION/Name of 20h PLACE AND DATE OF DISPOSITION/Name of 20h PLACE AND DATE OF DISPOSITION/NAME OF 20h PLACE AND DATE OF DISPOSITION/NAME OF 20h PLACE AND DATE OF DISPOSITION/NAME OF 20h PLACE AND DATE OF DISPOSITION/NAME OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE AND DATE OF 20h PLACE												
A Donation 5 Other (Specify) Resthaven Memorial Gardens Frederick, Mar												
21. SIGNATURE OF FUNERAL SERVICE	B. Mac	Kay	,	22. NAME 1621	Opossumte	own P	tauffe	r Fur	nera	1 Home		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSEC	DUENCE OF):									
PART II. Other algolificent condition	ona contributing to	deeth but not r	esulting In	the underlyl	ng ceuse given in	n Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPS' AMAILABLE PRICOMPLETION COF DEATH?  1 YES 2	OR TO OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF DEATH (C	heck only o	10)					
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	me 5 - Residence	6 🗆 Othe	or (Specify)					
- Josephin	NRER OF CEATH  286. DATE OF INJURY (Month, Day, Year)  285. TIME OF INJURY AT WORK?  1   Yes 2   ND											
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Tourn, State) 28e. LOCATION (Street and Number or Rural Route Number, City or Tourn, State)												
onel	/SICIAN: To the best of NER: On the basic of a									) and menner e	e stated.	
9b. SGNATURE AND TITLE OF CERTIF	Home	SE OF DEATH (ITE	M 27) (Type, F	rint)	29c. LICENSE NU D35	UMBER 164	,	29d. DATE	SIGNED	(Month, Day, Ye	ar)	
31. DATE FILED (Monity, Day, Year)  32. REGISTRAR'S SIGNATURE  JUL 2 2 1994  Studion-Radally												

-	35.	100	
760 BALTIMORE, MARYLAND 21215-0020	ed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 Is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC				YGIENE EG. NO.					
	1. DECEDENT'S MANNE (First, Migdie, Last)	dges S	auge			2. DATE OF D	EATH	YEAR OF DEATH OF IOA M				
JR.	. 7	10 M 2 1 8	5 YRS. MON		HOURS MIN.	7. DATE OF BI (Month, Dey,	11-08	BIRTHPLACE (State or Foreign Country) GEOTGIA Y OF DEATH				
- DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	ederic	10c. CITY, 10	WIN OR LOCAT	tery	, 1116	10d. INSIDE CITY LIMITS? 1 UPS 2 DNO					
FUNERAL	10e. STREET AND NUMBER  11. MARITAL STATUS	12. WAS DECEDENT EVER IN	H PLL	e	ZIP COME	77/	6	of what country?				
B≺	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	ZONO TES	If yes, spo	ENDENT OF HISPAI city Cuben, Maxico 25 NO Specif	n, Puerto Rican,	ecity rea or No—	4. RACE — American Indian, Black, White, atc. Special White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Seams*	N st of working		of Business/Indus	STRY					
BE COM	17. FATHER'S NAME (First, Middle, Last) Ralph Hod	ges			Ros	a Lee	, Malden Surname)					
5	19e. INFORMANT'S NAME (Type/Print) Elizabeth A. Gloy		5805 Ca	toctin	Overloo			ry, Md. 21771				
	20s. METHOD OF DISPOSITION  1 © Burdel 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory of other place)  St. Peter's 7/25/94 Libertytown, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872											
CERTIFICATION	23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, enterty and proximate interval Between Onset and Death Interval Between Onset and Death											
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions					1	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO				
CIAN		HOSPITAL:	ОТ	26. PL HER:	ACE OF DEATH (C	eck only one)						
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. tNJ WO 1 1	RK? ES 2 NO		city) E HOW INJURY OCCU	RED				
	3 Suicida 6 Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated.  2 MEDICAL EXAMINER: Of the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner ea stated.											
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	m	7		D27	190	29d. DATE S	SIGNED (Month, Day, Year)				
	30. NAME AND AD SS OF PERSON WHO SHOULD CH3 MM 31. DATE PILED (MONTH, DBy, Ybar)	NN MO FR	2008HULL		eral Hos	oite?	mergene	Popuntant				
	31. DATE PLED (MONTH, Day, Year)  32. REGISTRARY SIGNATURE  31. La 2 2 1994  Salva Division Rankell											



1		-	FOR STATE REGISTR	A
Г	4	7	ECEDENT'S	м

1 - STATE REGISTRAR	SIAIE	F MARYI				T DF H E OF			MEN	ITAL HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, La.					_					DATE OF DEATH		WPAII	3. TIME OF DEATH		
	MARION	KERI			HAFFER					ly 22,	1994	YEAR	12:36 p.₩		
4. SOCIAL SECURITY NUMBER 213-03-9034	5. SEX	200	(In yrs. lesi		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	0	ATE OF BIRTH Worth, Day, Ybar)		8. BIRTH Countr	IPLACE (State or Foreign y)		
9a. FACILITY NAME (If not institution, give			)	YRS.						v. 22,					
Frederick Mer			. 1	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O											
RESIDENCE OF DECEDENT		ospita	4 L	Frederick Frede								rede	rick		
Donnard 106, COU				10c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS?		
Pennsylvania	Cambr	1a			Johr	istov							1 YES 2 NO		
Rd	4					100	. ZIP COD	E					States		
11. MARITAL STATUS  1 Never Married 2 M Married	12. WAS DECE FORCES?	DENT EVER	N U.S. ARI	MED	13.	WAS DEC	ENDENT (	F HISPAI	NIC OF	RIGIN? (Specify Yes	or No-	14. RACE	- American Indian,		
3 Widowed 4 Divorced	IF YES, GI	WE WAR OR D	DATES	Ö		1 TYES				into riicani, etc.)		Speci	fy:		
15. DECEDENT'S E	DUCATION	W · W · T ]	18a. DE0	CEDENT'S	USUAL C	CCUPATIO	)N			16b, KIND OF BUS	INESS/IN	NIETOV	White		
(Specify only highest gri	College (1-4 c	W 5+)	(GA	ve kind of a Do NOT us	work done	during ma	st of working	ng		TOOL KIND OF BOO	MESSAM	DOSTAT			
8	200000		Co	al M	liner	•				Coal Co	mpan	ıy			
17. FATHER'S NAME (First, Middle, Last)							18. MOTI	HER'S NA	ME (F	irst, Middle, Maiden	Sumame)				
charles	Valent:	ine	Shaf					izat			Penr				
190. INFORMANT'S NAME (Type/Print) Nancy Metzger				MAILING 592						Number, City or Town			01700		
20a, METHOD OF DISPOSITION		200						Fre		rick, Ma			21702		
Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emovel from State		20b. PLACE AND DATE OF DISPOSITION (Name of ceptaletry, cremetory,									,			
21. SIONATURE OF FUNERAL SERVICE	LICENSEE					NAME AN	D ADDRE	SS OF FA							
2 Ruham	19	les		-	1	621	Opos	sumt	OW				k, Md.21702		
23. PART i. Enter the diseases, or	r complications	that ceuse	d the de	eth. Do r	not enter	r the mo	de of dy	ing, auc	h aa	cardiec or respi	ratory an	rest,	Approximate		
ahock, or heert fellur iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	e. List only one	ceuse on e	ecn iine.			- ALLI							Interval Between Onset and Daath		
resulting in death)	· Conq	TO (OR AS	A CONSEO	UENCE O	F):	1)100	7.								
Sequentially list conditions, if any, leading to immediate	b	TO (OR AS	A CONSEG	UENCE O	F):					·					
cause. Enter UNDERLYING CAUSE (Disease or Injury	C	TO (OR AS		1151105 01							-				
that initiated events resulting in death) LAST		10 (On As )	CONSEU	UENCE O	-):								i		
24.27 (1.0)	_ d														
PART II. Other aignificent conditi	ona contributing	to death t	out not re	auiting i	in the u	nderlying	cause g	given in	Part i	24e. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
								_		1 TYES 2	NO		OF DEATH?		
													1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL	T		/			26. PL	ACE OF O	EATH (Ch	eck on	ly one)					
EXAMINERY  1 SES 2 NO	HOSPITAL  1 Inpatient		patient 3	□ DOA	OTHE!	R:				Other (Specify)					
27. MANNER OF DEATH	28e. DATE	OF INJURY		28b. TIM		28c. INJ	JRY AT		_	DESCRIBE HOW IN	JURY OC	CURED			
1 Partural 5 Pending 2 Accident Investigation					M	1   Y	ES 2	NO							
3 Suicide 8 Could not b 4 Homicide determined	28a. PLAC build	E OF INJURY Ing, atc. (Spe	— At hon	ne, farm, i	dreet, fac	lory, office			281.	LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,		
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the bes	t of my know	ledge, des	th occum	d at the t	lime, date	and place	and due	to the	cause(s) and man	Dec en Mei	ad.			
													and manner se stated.		
296. SIGNATURE AND TITLE OF CERTIF	IER /		11	/			29c. LICE	NSE NUN	IBER		29d. DAT	E SIGNED	(Month, Day, year)		
Ula Ja	420	The	ut	-le	10		DS	55/	8	3	<b>•</b>	7/2	12/94		
30. NAME AND ADDRESS OF BERSON V	MD.	300	MED (ITEM			STA	EE.	Т,	FR	EDERUCI	cm	0 2	21701		
JUL 2 5 199	32. REALS	TRAR'S SIGN	Lack	del											



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

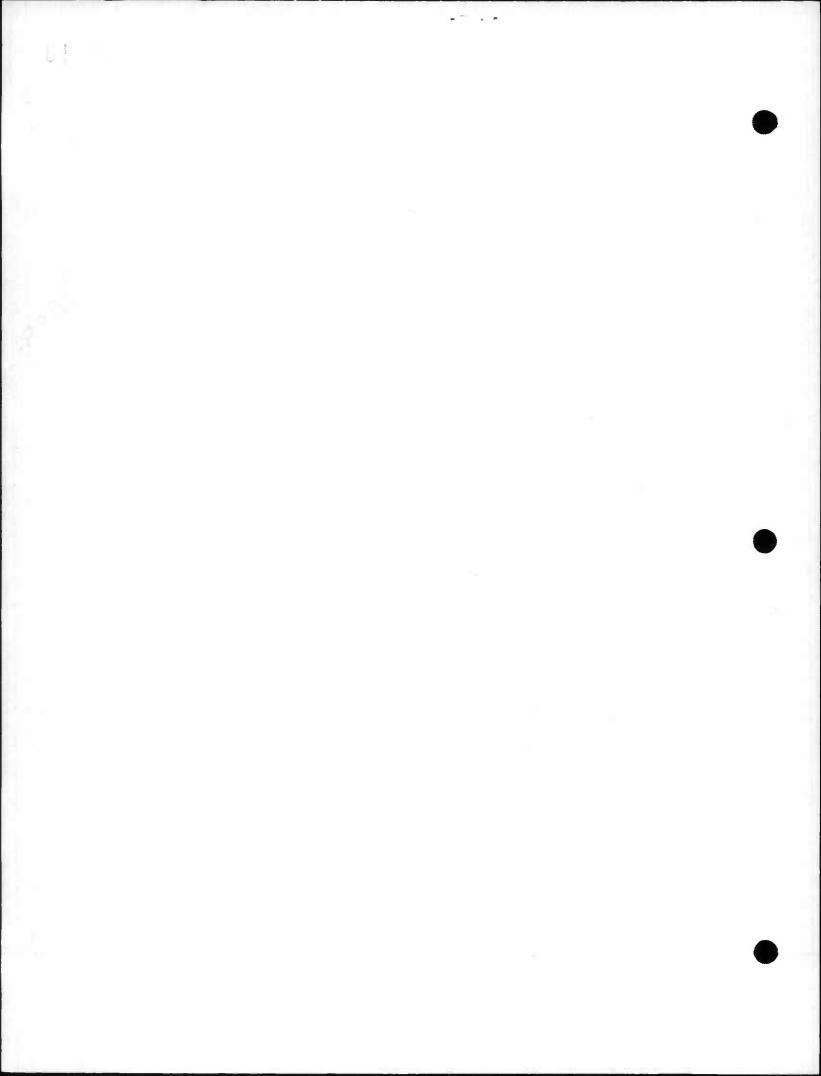
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

DHMH-16 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. OECEDENT'S NAME (First,	Addededon Amonto			_,,,,,,		- 0.			HEG. NO.			
	OSCAR		illiam		SMOOT					2. DATE OF DEATH MONTH DAY 1994 12:29 P.M			
	4. SOCIAL SECURITY NUME 215-18-011		5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN,	7. DATE OF BIRTH	5	8. BIRTHE Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not in	stitution, give s	reet and number)			9b. CITY	r, TOWN (	OR LOCATI	ON OF DE	EATH	9c. COU	INTY OF DE	EATH
DIRECTOR	PHYSICIAN		RIAL HOS	PITAL			LA I	PLATA	A		CF	HARLE:	S
<u>E</u>	10e. STATE	10b. COUNTY				Y, TOWN						T	10d. INSIDE CITY
	MD  100. STREET AND NUMBER	Chai	les		Bel Alton								1 TES 2 KNO
FUNERAL	9061 Chape	el Pt.	Rd.		10f. ZIP CODE 20611							S.A.	HAT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 3  Widowed 4 Divo	-	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	YES 2	IMED NO	1 1	If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black,				- American Indian, White, etc.		
	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON set of workle	047	16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	-	College (1-4 or 5	Me	nion	se retired.)				Union	# 8	32	
BE CON	17. FATNER'S NAME (First, M John Newma		oot					18. MOT Rac	her's NA	ME (First, Middle, Maiden Ann Eliz	sumamo) Zabe	th I	Curner Smo
TOB	Eleanor E.		ot	19	P.O.	Bo	S (Street a	Be	or Aural F	ton, MD	n, State, Zi 2061	p Code)	
	200. METHOD OF DISPOSITION  1 Great Surface Su												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  AREHART-ECHUES FUNERAL HOME, INC.  LaPlata, MD 20646												
	23. PART i. Enter the di	C .	(Mo)										
	shock, or he immediate CAUSE (Findisease or condition resulting in death)	eert feilure.	I	(OR AS A CONSE	rail	} d	yle.	to	T	Sepsi	b	real,	Approximate interval Between Onset and Peath
ATION	Sequentielly list condit if any, leading to imme- cause. Enter UNDERLY!	diete	P	ON AS A CONSE	-02	5	منه		-	/	10 yr		
CERTIFICATION	CAUSE (Disease or inju that initiated events resulting in death) LAS	ry	DUE TO	(OR AS A CONSE	OUENCE O	F):							
EDICAL C	PART II. Other algolitice	nt condition	contributing to	deeth but not	resulting	in the u	nderiyin	g couse	given in	Part I. 24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ME											/		1 TES 2 NO
ÿ	DID TOBACCO		CONTRIBUTE	TO CAU	SE OF	DEA	TH Y	ES 🗆	NO	र्ष्य ।			
호	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATN (Ch	eck only one)			
PHYSICIAN:	1 YES 2 NO		-1	ER/Outpatient 3		4 🗆 Nu	sing Nor		esidence	6 Other (Specify)			
ВУ РР	1 Netural 5	Pending Investigation	28a. DATE OF (Month, C		28b. TIR	JURY M		URY AT PRK? YES 2	] NO	28d. DESCRIBE NOW I	NJURY OC	CUREO	
		Could not be determined	28a. PLACE C building,	F INJURY — At ho etc. (Specify)	ome, farm,	street, fac	tory, offic	•		281. LOCATION (Street a City or Town, State)	nd Numbe	r or Runal Ro	oute Number,
Significant of the determined building, etc. (Specify)  1 Certur Ting Physician: To the best of my knowledge, dasth occurred at the Ilma, date and place, and due to the cause(a) and manner as stated.  2 Section 1 Chy or Town, State)  2 Section 2 Section 1 Chy or Town, State)									and manner sa stated.				
TO BE CO	29b. SIGNATURE AND TITLE	OF CENTIFIEF	186	500,	9			29c. LIC	2975	(BER			(Month, Day, Year)
	DANIEL M. H						SUIT	E 10	4 WA	LDORF, MD.	206	03	
	31. DATE FILED (Month, Day,	Year)	00.000000	AR'S SIGNATURE									
					A -								



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		Omi	_ 01 1	11/1111 L	CE		ICATE				WIE IV	REG.	NO.	_				
1. DECEDENT'S NAME (First,												E OF DEAT				3. TIME O	F OEATH	
Pre	ston	Lee	Sti	tzel							Jur		30	, 199	94	1.	50 P. M	
4. SOCIAL SECURITY NUME	BER	5. SEX		6. AGE	In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DAT	E OF BIOTI	_		8. BIRTH	PLACE (Sta	ite or Foreign	
220-10-3004		1 🔀 M	2 🗌 F	75		YRS.	MONTHS	DAYS	HOURS	MIN.	Oc.t	nth, Day, You 21	. 1	918	Mar	vlanc		
9a. FACILITY NAME (If not in	stitution, give s	reet end nu	ımber)				9b. CITY	TOWN O	R LOCATIO	ON OF OE				NTY OF D				
Charlotte H		tera	ns E	Iome			Ch	arlo	tte					St	. Mary's			
10e. STATE	10b. COUNT	,				10c. CIT	Y, TOWN C	R LOCAT	ION			10					DE CITY	
Maryland	Bal	timo	re			F	Reist	erst	own						LIMITS?			
10e. STREET AND NUMBER								101.	ZIP CODE	E				10g. CIT	IZEN OF V	THAT COUN	ITRY?	
327 Estate Road 20622 USA																		
11. MARITAL STATUS	DIE VEL	12. WAS	DECEDER	T EVER	U.S. ARN	AED O						IN? (Specif		or No-	14. RACE	- Americ	en Indien,	
1 Never Married 2 Merried  3 X Widowed 4 Divorced    Never Married 2 Merried   Never Married   Never Merried																		
15. DEC	EDENT'S EDU	CATION	_		16a, OEC	EDENT'S	USUAL O	CCUPATIO	IN .		1 16	Sb. KIND Of	BUS	INFSS/INI	DUSTRY			
(Specify only Elementary/Secondary (0	y highest grade		(1-4 or 5		(Gh	re kind of	work done ( se retired.)	during mos	at of working	ng	"	DO. KIND OF	500	III COO/III	JOSINI			
9	F-12)	Conege	(1-4 DF 3	+)	70	mer						Auto	В	ody I	Repai	r		
17. FATHER'S NAME (First, M	liddle, Last)								18. MOTI	HER'S NA	ME (First	, Middle, Ma						
Elmer E.	Stit	zel							B.	lancl	he	Poo	ole	2				
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stell													21795					
Barbara L. Wolfe 15804 Clear Spring Road Williamsport, Maryland											land							
20a_METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of cemplery, crametow or other place)  Cedar Lawn Memorial Park  7/6 Hagerstown, Maryland																		
4 Donetion 5 Other	(Specify)				Jedan	Lav	_						age	ersto	own,	Mary.	Land	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	·	4	2	$\cap$	Ĝ.	NAME AN	D ADDRE	Mini	nich	ı 30	05	N. I	oton	ac S	treet	
reald	01.	1	m	m	WO	K			al Ho							Mary!		
23. PART I. Enter tha d	iseasea, or o	omplicat	ions the	nt cause	tha dea	nth. Do i	not antar	tha mo	da of dyi	ing, suc	h as ca					Арр	roximate	
IMMEDIATE CAUSE (Fir	aart failura. nai	List only	ona ca	use on a	ach iina.												rval Batween et and Dasth	
disease or condition resulting in death)	<b>→</b>	. 3	Insu	ılin	der	oend	lent	dia	abet	es	mel	liti	is			İ	ears	
readiting in daatin	,			(OR AS A												1 -		
Sequantially list condit	lone C	b																
If any, laading to imme	diata		OUE TO	(OR AS A	CONSEO	UENCE O	F):											
CAUSE (Disease or inju		i	DUE TO	/OB AC 4	COMBEO	UENOE O												
that initiated events reaulting in death) LAS	aT .		DUE 10	(OR AS A	CONSEC	UENCE O	F):											
		d											-			+-		
PART II. Other algolitica	nnt condition	s contrib	uting to	daath b	ut not re	suiting	in tha un	derlying	cause g	given in	Part I.			AUTOPSY MEO?	24b		OPSY FINDINGS	
peripher						e						1 TYE					ON OF CAUSE	
bilatera	l leg	am	puta	atic	ns											OF DEATH		
previous																		
25. WAS CASE REFERRED TO EXAMINER?								26. PL	ACE OF D	EATH (Ch	eck only	one)						
1 YES 2 NO		HOSPI		☐ ER/Outp	etient 3	□ DOA	OTHER		• 5 □ Re	sidence	8 - Otl	her (Specify)	,		_			
27. MANNER OF DEATH		28e.	DATE OF	F INJURY		28b. TIN		28c. INJ			_	EŞCRIBE H	_	JURY OC	CURED			
	Pending Investigation		(Intoritio, E	July, Ibuil)		1140	M		ES 2	NO								
3 D Systelda	Could not be	280.	PLACE (	OF INJURY	— At hor	ne, farm,	street, fact	ory, office	,			CATION (SI		nd Numbe	r or Rural F	loute Numb	PK;	
	determined				,,							ly or Town, S	-1E(U)					
29e. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To ti	he beat o	f my know	ledge, des	ith occurr	ed at the t	lme, date	end place	, end due	to the c	ause(s) and	l men	ner se ata	ted.			
	ICAL EXAMINE															) and mann	er ee stated.	
29b, SIGNATURE AND TITLE	OF CHITIFIE	1//	/		-				29c. LICE	ENSE NUR	MBER		ī	29d. DAT	E SIGNED	(Month, De	y, Ybar)	
	1 5	*	_					l	30	260	2	8/4	24	•	6/	20/	94	
30. NAME AND ADDRESS OF	PERSON AT	COMPLE COMPLE	TED CAU	SE OF OE	SU I	TRIPO	Print O	Prince	ce Fr	ode	rich	K, He	1	206	78	7/		
31. DATE FILED (Month, Day,		_		AR'S SIGN								/			- 0			
	1 1 1 1 1	13																

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Dours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MACHINET If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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1	-	FOR STATE REGISTRA
i	1. D	ECEDENT'S N

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		ICATE O	DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF S	DEATH		3. TIME OF DEATH	
	George Bate STOTLER				July	19, 19	YEAR Q/ <sub>4</sub>	11) AN	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	CIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATI						THPLACE (State or Foreign	
	236-44-4827 1 13x м 2 □ F 63	YRS.	MONTHS DAYS	HOURE MIN.	(Month, Day	30,193	Coun	ryland	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY TOWN	OR LOCATION OF DI			COUNTY OF	4	
NC	Copper Kettle Trailer Park			kstown	EAIN		Washi		
5	RESIDENCE OF DECEDENT						Masilia	ngton	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	ATION				10d, INSIDE CITY LIMITS?	
	Maryland Washington	F	unkstow	n				1 TES 2 NO	
FUNERAL	10a. STREET AND NUMBER  Copper Kettle Trailer Park			of. ZIP CODE 21734		10g.		WHAT COUNTRY?	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPAN				CE — American Indian, ck, White, atc.	
ВУ F	1 Never Married 2 Married FORCES? 1 N YES IF YES, GIVE WAR OR DATE 1951-195	TES		specify Cuban, Maxica S 2 X NO Specif		ı, atc.)	Spe	city:	
	15. DECEDENT'S EQUIATION	16a, OECEDENT'S	USUAL OCCUPAT	ION	16b KIN	D OF BUSINESS		nite	
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of a	work done during r	nost of working	700. 1411	D OI BOOMESC	MINDOSTRI		
COMPLETED	5	supe	rvisor		٠,	onstru	ction		
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA					
	Emmett Steward Stotler					ne She		4	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural					
2	Betty J. Stotler			34, Funks			. ,	73/4	
	20s. METHOD OF DISPOSITION 20b I	PLACE AND DATE				20c. LOCATION			
	1 ABurial 2 Cremation 3 Removal from State come	tery crematory or o	ther place)		1				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	eual La	22. NAME	AND ADDRESS OF FA	CILITY	Hagers	stown,	Maryland	
	Scotton			ICH FUNER					
	23. PART I. Enter the diseases, or complications that caused		415	E. Wilson	BTAG.	, Hage	cstown	n, Md. 21740	
	ahock, or heart fellure. Liet only one cause on ee	the deeth, Do r ch line.	tot enter the it	lode of dying, suc	h as cardiac	or respiratory	arrest,	Approximete interval Between	
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death	
	reaulting in deeth)	9	anc					Growth	
	DUE TO (OR AS A (	CONSEQUENCE OF	F):						
N	Sequentially list conditions, b.								
Ĕ	If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury C.								
ĒΙ	that initiated events resulting in death) LAST	CONSEQUENCE OF	r):						
與	d								
	PART II. Other significent conditions contributing to death but	t not recuiting	In the underlyi	ng ceuse given in	Part i. 24a	. WAS AN AUTOF	PSY 24	b. WERE AUTOPSY FINDINGS	
MEDICAL						PERFORMED?		AVAILABLE PRIOR TO	
					_   ''	YES 2 NO	'	OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								
A	25. WAS CASE REFERRED TO MEDICAL	CAUSE OF		YES NO					
PHYSICIAN:	EXAMINER? HOSPITAL:	Mark 0 7 800	OTHER:						
¥	1 YES 2 NO 1 Inpetiant 2 ER/Outpet  27. MANNER OF DEATH 26a. DATE OF INJURY	28b. T/M		JURY AT		ecify) BE HOW INJURY	OCCUPED		
	1. Natural 5 Pending (Month, Day, Year)	INJ	URY	YES 2 NO	Zou, DESCRIE	DE NOW INJUNT	OCCURED		
BY	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY -	At home form			201 1 001710	A1 (00			
	3 Suicide 6 Could not be 4 Homicide determined	(y)	street, ractory, on	ica		N (Street and Nui wn, State)	moer or Hural	Houte Number,	
COMPLETED									
릴	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowle								
S	2 MEDICAL EXAMINER: On the basis of exemination	and/or investigation	n, in my opinion,	death occured at the	time, data and	place, and due	to the cause	(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NUI	MBER	29d.	DATE SIGNE	D (Month, Dgy, Year)	
TO BE	Juden & lles	nd		155 A	523	•	71	MAIN	
-	C36, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	THUTEM 27) (Type	Print)	766 1	1.	UD	11-		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA		MI	1111	TOWC	MIC	or v	vorg cend	
	1111 01	-						21740	
	JUL 2 1994 Julio Dansen	a gendall	-						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hour siter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending phy	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and Men	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury

FOR STATE REGIST
1. DECEDENT
4. SOCIAL SE
220
9a. FACILITY
13622
RESIDENC
10e. STATE
10e. STREET
13622

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	negis I RAR		CE	STILL	ICALE	UF	DEA	l III	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Lest)  Virginia Amelia Shearer  2. Date of Death Month DAY 1994 3. TM									TIME OF DEATH			
		SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)								, 1		774M M	
	220-16-0366	1 M 2 F	6. AGE (In yrs. les	MONTHS.	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN	OR LOCATE	ON DF DE			NTY OF DEA		
Œ	13622 Wolfsville Rd.					Smi	thsb	una			Frederick		
DIRECTOR	RESIDENCE OF DECEDENT			-	_						recae	- DCCIC	
Ĭ	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	PR LOCAT	TION				1	Od. INSIDE CITY	
5 l	Md.	Frederi	ck	100	SI	nith	sbur	a			1	LIMITS?	
	10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CITI		AT COUNTRY?	
FUNERAL	13622 Wolfsville	Rd.					21	783			u.s	A	
3	11. MARITAL STATUS	,	NT EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Specify Ye	s or No.			
	1 Never Married 2 Married		WAR OR DATES	ND.		If yes, sp	ecify Cube	m, Mexican	, Puerto Rican, etc.)			- American Indian, White, etc.	
B	3 💢 Widowed 4 🗆 Divorced	125, 6112	MIN ON BAILS			I L VES	2 K NO	Specify:			Specie	ite	
	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	JSINESS/IND			
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT us	work done during most of working se retired.)								
립				M	anag	er			S	chool			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	NE (First, Middle, Maide	n Surnama)			
BEC	Paul Kline Sr.						E	tta I	Mae Kuhn				
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAJLING	ADDRESS	(Street a			oute Number, City or To	wn, State, Zip	Code)		
2	Robert W. Shearer								rg. Md. 21:				
	20g, METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	ITION /No	me of	-	DATE 20c. L	OCATION -	City or Town	. State	
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗆 Other (Specify)	novel from State	Cemetery, cre	matery or o	ther place)	onan	Com	otoni	y7-23-94 (	volpsi	ville	.Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		10 0									
	The same	A	Se in	1	De	avis	Fun	eral	Home 125	25 Bro	adbury	y Ave.	
	23. PART I. Enter the diseases, or	Q. T	-wv-e	)					Smic	ensow	rg, ma	. 21783	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	O (OR AS A CONSEC			(							
	PART II On a standard and a											1	
EDICAL	PART II. Other algolificant condition	na contributing to	death but not r	eaulting	in the ur	iderlyin	g cause i	given in i		RMED?	- A	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ă						1 TES			1 YES	2 NO		OMPLETION OF CAUSE OF DEATH?	
									_		1	☐ YES 2 ☐ NO	
ä													
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001741					LACE OF D	EATH (Che	ok*čnty one)				
Si	1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nur		10 5 GL/R	Ridence	6 Other (Specify)				
PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE O (Month,	F INJURY Day, Year)	26b. TIN	E OF	WC	URY AT	7 440	28d. DESCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation	200 DI ACE	OF INJURY At ho			1 📗		NO					
	3 Suicide a Could not be	butiding	, etc. (Specify)	erne, tarrii,	street, rac	ory, ome	•		281. LOCATION (Street City or Town, State		or Hural Hou	re Number,	
Ш	DA OFFICIO			_									
릴	onel								to the cause(a) and mo				
COMPLETED	one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE C	296. SIGNATURE AND TITLE OF CENTIFIE	A					29c. LIC	ENSE NUM	BER	29d. DAT	E SIGNED (A	Aonth, Day, Year)	
10	Morrigan	1					NO	6024	/	1	129	V.	
-	30. NAME AND ADDRESS OF PERSON WI	CADA.	SE OF DEATH (IXE	M 27 (Type	Elec.	dir	4	12	Ang Lon	11 4	dai	YWA	
	31, DATE FILED (Month, Day, Year)	32. R	AR'S SIGNATURE.						MAIN	10	1.11	H	
	JUL-22199	4 Juli	Sinden-K	finder	-				/				

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attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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irs after death. Page 6 may be retained by the hospital or attending physician

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

burfal-trap medical examiner must be notified at once, the state TO THE HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremat IMPORTANT: If I tem 28 is marked, or I tem 23 shows any injury, or other traumatic event, it

										9	4	22822
	FOR 1 - STATE REGISTRAR	STATE OF			RTMENT (				MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) HELEN	SIMMI			IOAIL	01 0	LAI	-	2. DATE OF DEATH MONTH DA	1994	YEAR	3. TIME OF DEATH 3:30 A. M
	4. SOCIAL SECURITY NUMBER 185-18-4868	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	MONTHS D		F UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8-6-192		B. BIRTI	HPLACE (State or Foreign
NC.	9a. FACILITY NAME (If not institution, give s	,			96. CITY, TO					9c. COU	INTY OF D	DEATH
DIRECTOR	520 Pine Bluff RESIDENCE OF DECEDENT  10a. STATE  MD. WIC			10.7	Y, TOWN OR I	OCATION	N				CON	10d. INSIDE CITY
	100. STREET AND NUMBER 520 PINE BLI			<u> </u>	SALIS		IP CODE	301			IZEN OF	1 TYES 2 NO
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. AR I YES 2 X NAR OR DATES	MED	If yo	s, specif	DENT O	F HISPAN	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)		14. RAC	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION o completed) College (1-4 or 5	(G	Do NOT u	USUAL OCCL work done during the retired.)	ng most o	of working	9	16b. KIND OF BUS	SINESS/INI		
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANK ISE	MAN				11	в. мотн		ME (First, Middle, Maiden	,		
5	19a. INFORMANT'S NAME (Type/Print)  KAREN DELATTE  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  520 PINE BLUFF RD. SALISBURY, MD. 21801											
	20e. METHOD OF DISPOSITION 1 % Buriel 2 Certifytion 3 Rem 4 Donetton of Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LIC		cemetery, cre-	matory or o	22. NAI	EME ME AND	TEF	S OF FAC	7-19 FC		CIT	Y, PENN
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lun	t ceused the de use on eech line (OR AS A CONSEC	me	not enter the	mode	of dyir	ng, such	s cerdiac or respi	ratory sn	rest,	Approximats interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC									
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	s contributing to	deeth but not no	esulting	Disea	rlying co	euse g	Iven in I	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		I	OTHER:				ck only one)			
	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  28b. TIME OF INJURY WORK?										
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE C building,	of INJURY — At house. (Specify)	me, ferm, a					28f. LOCATION (Street a City or Town, State)	nd Number	r or Rurel P	Poute Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE											) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIG							(Month, Day, Year)					

25.	WAS CASE REFERRED TO MEDICAL	
	EXAMINER?	HC
	1 ☐ YES 2 NO	10
27.	MANNER OF DEATH	
41.	MARITER OF DEATH	

29c. LICENSE NUMBER 194/586 29b. SIGNATURE AND TITLE OF CERTIFIER

106. 31. DATE FILED (Month, Day, Year)

JUL 1 8 1994

32 REGISTRAR'S SIGNATURS
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	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as i	
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	npietely	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las		CERTIFICA	L OF DE	2.	REG. NO		3	TIME OF DEATN
		JAMES W SM	ITH, III				AY Y	EAR	7 - 30
	4. SOCIAL SECURITY NUMBER		MONTH			DATE OF BIRTN (Month, Day, Year)		Country)	ACE (State or Fore
	170-56-3459 9a. FACILITY NAME (If not institution, given		4 YRS.			an. 11,		_	sylvani
OR	National Naval			Betheso			9c. COUNTY		omery
DIRECTO	RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY	10c, CITY, TOW	N OR LOCATION				10	Id. INSIDE CITY
DIR	Maryland Mo	ntgomery	Beti	nesda					LIMITS?
3AL	10e. STREET AND NUMBER			101, ZIP (	CODE		10g. CITIZEN	OF WHA	AT COUNTRY?
FUNERAL	4853 Cordell A	venue, #1118	Wile Appen		20814		Unite	_	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR 1982-1987	DATES	if yes, specify (	Suban, Mexican, Pr	PRIGIN? (Specify Ver uerto Rican, etc.)	s or No—   14.	Black, V Specify:	American Indian White, etc.
TED	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	16a. DECEDENT'S USUAL (Give kind of work do	on during most of w	rorking	16b. KIND OF BU	SINESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Medical Te		ct	United	States	Nat	737
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	2	THEUTCAT TE			First, Middle, Meiden	_	Nat	Y
ш	James W. Smit	h, Jr.				ia Plevi			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR						
	Alfred Muller,		4601 N.		enue, #4		y Chas		
	20a, METHOD OF DISPOSITION  1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Re  4 🗆 Donation 5 🗀 Other (Specify)	emovel from State	metery, crematory or other plant ington Na	conon (Name of	7/2 Cemetery	5/94 Arl			rginia
1	21. SIGNATURE OF FUNERAL SERVICE								
	Thanksun On n	10 Mullen 00	whence	Bethesda	-Chevy	rey Fune Chase, I	nc. 7	557	Wiscon
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE Tổ (OR AS	ED IMMUNE DE A CONSEQUENCE OF):	FICIENC	Y SYNDRO	OME			
AL CE	PART II. Other algolificant condit	ione contributing to deeth	but not resulting in the	underlylna ceu	se given in Par	t I. 24e, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FIN
-					oo gaaan iir taa	PERFOI	RMED?	An CI	MILABLE PRIOR 1 OMPLETION OF C
200									YES 2 N
MEDIC					DE DEATH AT	atu assi			
MEDIC	25. WAS CASE REFERRED TO MEDICAL			24 BI ACE C	AND MARKET TO LOUGH (	any unu)			
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 [7] NO	HOSPITAL:	tpatient 3 DOA 4 D		September 1	Other (Specify)			
MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		tpatient 3 DOA 4 D	ER:	Residence 6	Other (Specify) d. DESCRIBE NOW	INJURY OCCUR	ED	
BY PHYSICIAN: MEDIC	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending Investigation	1 Tinpatient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 4 D	ER: harsing Nome 5 [ 28c. INJURY A WORK? 1 [] YES	Residence 6 28-	d. DESCRIBE NOW			
ED BY PHYSICIAN: MEDIC	EXAMINER?  1 VES 2 (7) NO  27. MANNER OF DEATH  1 N Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (So	tpetient 3 DOA 4 P 28b. TIME OF INJURY M  IV — At home, farm, street, 1	ER: harsing Nome 5 [ 28c. INJURY A WORK? 1 [] YES	Residence 6 28-		and Number or		te Number,
ED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide determined	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sp	tpatient 3 DOA 4 P  28b. TIME OF  INJURY  M  IY — At home, farm, street, i	ER: hursing Nome 5 [ 28c. INJURY A WORK? 1 YES actory, office	Residence 6	d. DESCRIBE NOW I	and Number or		te Number,
ED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 4 Homicide datermined  29a. CERTIFIER Check only 1 CERTIFYING PH	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (So	tpatient 3 DOA 4 P  28b. TIME OF  INJURY  M  IY — At home, farm, street, if  wiedge, death occurred at the	ER: hursing Nome 5 [ 28c. INJURY A WORK? 1  YES actory, office	Residence 6 28-2 NO 28	d. DESCRIBE NOW I	and Number or	Rural Rou	
COMPLETED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 4 Homicide datermined  29a. CERTIFIER Check only 1 CERTIFYING PH	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Sp  YSICIAN: To the best of my kno INER: On the bests of examinati	tpatient 3 DOA 4 P  28b. TIME OF  INJURY  M  IY — At home, farm, street, if  wiedge, death occurred at the	ER: hursing Nome 5  28c. INJURY A WORK? 1  YES actory, office e time, date and p y opinion, death o	Residence 6  T 28  2 NO  28  Disce, and due to to eccured at the time	d. DESCRIBE NOW I	and Number or	Rural Rouselana	nd manner as st
BE COMPLETED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF SERTIN	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Sp  YSICIAN: To the best of my kno INER: On the bests of examinate  FIER  Wa D	tpettent 3 DOA 4 P  29b. TIME OF INJURY M  IY — At home, farm, street, ( ecily)  wiedge, death occurred at the control and/or investigation, in m	ER: hursing Nome 5 28c. INJURY MORK? 1 YES actory, office e time, date and p y opinion, death of	Residence 6 20 20 20 NO 28 20	d. DESCRIBE NOW I	and Number or an stated, and due to the c	Rural Roun	nd manner as st onth, Day, Year)
COMPLETED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 4 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF DERTIFIED  30. NAME AND ADDRESS OF PERSON	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)	tpettent 3 DOA 4 P  29b. TIME OF INJURY M  IY — At home, farm, street, ( ecily)  wiedge, death occurred at the control and/or investigation, in m	ER: hursing Nome 5  28c. INJURY MORK? 1 YES actory, office e time, date and p y opinion, death of	Residence 6 28 28 NO 28 Process and due to the cured at the time LICENSE NUMBER 18870 (INATIONAL	d. DESCRIBE NOW I	and Number or an stated.  Inner as stated.  Indiduction the company of the compan	Rural Roun	nd manner as st onth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 1 determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAM  29b. SIGNATURE AND TITLE OF SERTIN	28a. DATE OF INJURY 28a. DATE OF INJURY 28a. DATE OF INJURY 28a. DATE OF INJURY 28a. DATE OF INJURY 28a. DATE OF INJURY 28a. DATE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY 28a. DATE OF I	tpettent 3 DOA 4 P 28b. TIME OF INJURY M IY — At home, farm, street, is early)  Wiedge, death occurred at the on and/or investigation, in m DEATN (ITEM 27) (Type, Print)	ER: hursing Nome 5  28c. INJURY MORK? 1 YES actory, office e time, date and p y opinion, death of	Residence 6 28 28 NO 28 Process and due to the cured at the time LICENSE NUMBER 18870 (INATIONAL	d. DESCRIBE NOW I	and Number or an stated.  Inner as stated.  Indiduction the company of the compan	Rural Roun	onth, Day, Year

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL HYGIEN		
7	1. DECEDENT'S NAME (First, Middle, Las	ubrey SYK	ES			2. DATE OF DEATH MONTH	0 94	3. TIME OF DEATH  060 Anym
10	4. SOCIAL SECURITY NUMBER 719-09-8193 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) March 7, 19	916 Nort	ch Carolina
TOR	Holy Cross Hosp:				Spring	EATH	Montgor	
DIRECTOR		tgomery		, TOWN OR LOCA eaton	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	2658 Cory Terra					902		States
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR W	IN U.S. ARMED 3 2 NO DATES 1 II	If yes, ap	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Specif	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) y:	or No— 14. RAC Blac Spec	E — American Indian, k, White, etc. #y: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		Ille. Do NOT use	ork done during mo retired.)	ON ost of working	SINESS/INDUSTRY		
BE COM	12 Brickla 17. FATHER'S NAME (First, Middle, Last) William Samuel Sykes				18. MOTHER'S NA	ME (First, Middle, Meiden	ruction <sub>Sumeme)</sub> Cagle	
2	19a. INFORMANT'S NAME (Type/Print)  Violet L. Sykes  19b. MAILING ADDRESS  Same as 1				and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
	20s. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		b.PLACE AND DATE OF Imetery, cremetory or oth SUDUIDAN	Cremat	ory	7-21 Sil	cation — city or to ver Sprii	own, State ng, Maryland
	> Oleen	XI. Ra	pp	Rapp 933 G	ist Aven	Services, ue, Silver	Spring,	MD 20910
NOIN	IMMEDIATE CAUSE (Finsi disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	s. List only one cause on Due To (on As	A CONSEQUENCE OF	Ga	Are	th as cerdiac or reapi	ratory street,	Approximate Interval Between Onset and Daeth Sudday
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	se. Enter UNDERLYING JSE (Disease or injury Initiated events  DUE TO (OR AS A CONSEQUENCE OF):						2/2/3
MEDICAL	- Seine	21 (Ma	but not resulting in hue of carder	wea	) e	PERFOR	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRID TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		
ם ו	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		INJU	M 1 🗆	PAK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
_	3 Suicide 8 Courid not be detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLEIED		SICIAN: To the best of my knowner: NER: On the basis of axamination						a) and manner as stated.
10 85	29b. SIGNATURE AND TIPLE OF CERTIF	Dan	SEATH (ITEM 27) (See	Print)	29c. LICENSE NUI	MBER 12-332	29d. DATE SIGNED	(Month, Day, Year) 20 Ay
	SK GUPT 31. DATE FILED (MONTH, Day, Year)	+ US (180 J. 32. ARGISTRAR'S SIO Gula Davidson-N	1600	rgia	tve#5	20 Silve	er Spg	20902
	JUL 6 2 1334		- mg					

1 -	FOR STATE
_	REGISTRAF

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

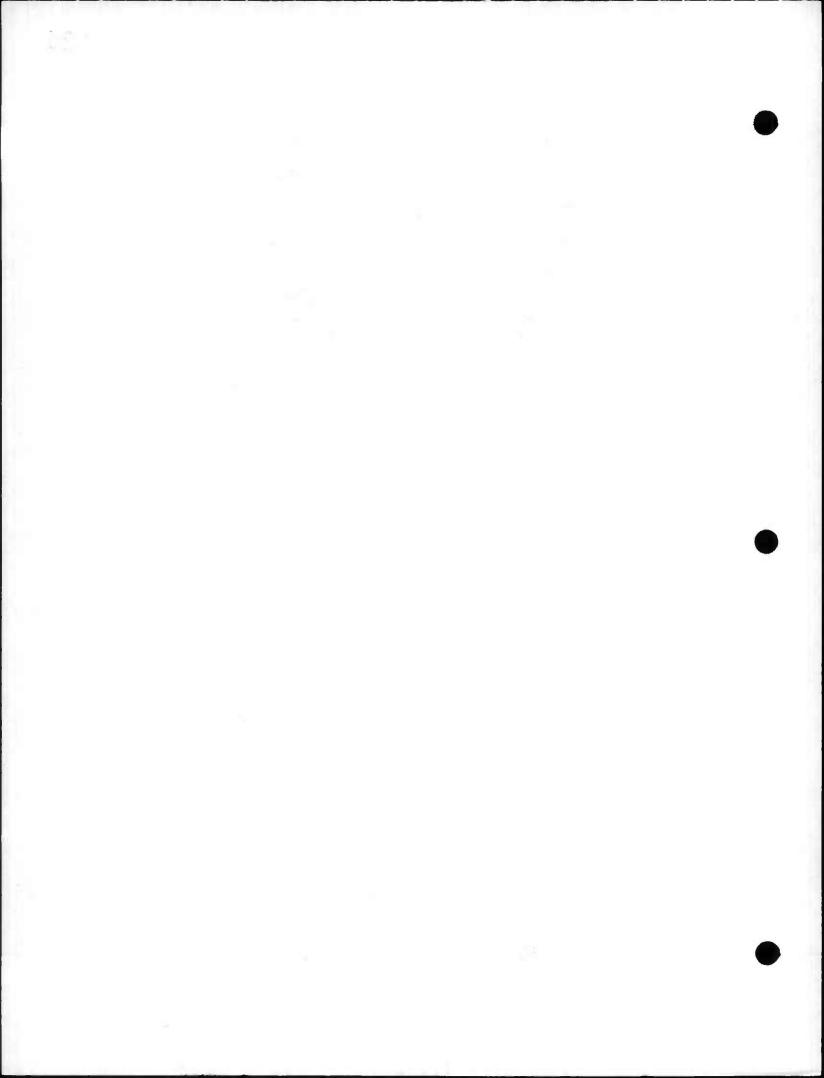
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	SIAIE UF M			ATE OF			REG. NO.	E		
1. DECEDENT'S NAME (First, Middle,	Lest)				DEA		2. DATE OF DEATH			3. TIME OF DEATH
Jeremiah	Joseph		Sulli	11/1/4			MONTH DAY	4 4	YEAR 94	
4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last bi		UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	16		4:15 a M
145-20-7968	1√√2 M 2 □ F	63	YRS.	NTHE DAYS	HOURS	MIN.	(Month, Day, Year) May 12, 193	1	Countr	Jersey
9a. FACILITY NAME (If not institution,			91	b. CITY, TOWN	OR LOCATION	ON OF DEA			NTY OF D	
11604 35th Ave	nue			Belts						eorge's
RESIDENCE OF DECEDEN				DCICS	1116			1 1 111	<u></u>	eorge s
10a. STATE 10b. CO				OWN OR LOCA						10d. INSIDE CITY LIMITS?
Maryland Pr	ince George	's	Belt	csville	5					1 YES XX NO
10e. STREET AND NUMBER				10	f. ZIP CODE	E		10g. CIT	ZEN OF W	YHAT COUNTRY?
11604 35th Ave	nue				20	705		Uni	ted	States
11. MARITAL STATUS		EVER IN U.S. ARME	D	13. WAS DE	CENDENT O	F HISPANIC	ORIGIN? (Specify Yea	or No-	14. RACE	— American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				NO		Puerto Rican, etc.)	l	Speci	
	1950 -	1951		1						WIIIOC
15. DECEDENT'S (Specify only highest	grade completed)	(Give	kind of work	UAL OCCUPATION of the done during m	ON ost of workin	ng .	16b. KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondery (0-12) 12 years	College (1-4 or 5+)	Engi	NOT use n	itired.)			U.S. Go	warn	mont	
		I Ling I	IICCI						merre	
17. FATHER'S NAME (First, Middle, Last Joseph Sulliv	,					CE AC	E (First, Middle, Maiden S	Surname)		
19a. INFORMANT'S NAME (Type/Print) Daniel Sulliva							ute Number, City or Town			707
11 23			_			TIC DO				
20a. METHOD OF DISPOSITION 1 Buriel 2XXCremation 3	Removal from State	20b. PLACE AND cemetery, creme	tory or other	place)					City or To	
4 Docation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	S LIDENOES	Metrop	olita	n Crer	ator	y 7/1	7/94 Ale	xand	ria,	Virginia
TO TO THE TOTAL OF	TO V	()1		Dona!	d V.	Boro	wardt Fun	era1	Hom	e, P.A.
- Marcial I	( Colyn	Malt		4400	Powd	er Mi	11 Rd. Be	1tsv	ille	, Md. 20705
23. PART I. Enter the diseasea	or complications thet ure. List only one ceus	ceused the death	h. Do not	enter the me	ode of dyl	ing, auch	as cerdiac or respir	ratory an	reat,	Approximate
IMMEDIATE CAUSE (Final	ord. Electionly one code	√)	0		.0					Onset and Death
disease or condition resulting in death)		Rena	1	Fal	KW	Le				2 mouls
	DUE TO	OR AS A CONSEQUE	ENCE OF	1						1 7.1
Sequentielly list conditions,	T b.	wes	16	ulu	L					1 year
If any, leading to immediate	DUE TO	OR AS A CONSEQUE	PACE OF	<	1		1			1
cause. Enter UNDERLYING CAUSE (Disease or injury	٥	COUSE	M	5	/ M	me				1 year
thet initisted events resulting in death) LAST	002 10 (	OR AS A CONSEQUE	ENCE OF):							
	d									
PART il. Other significent cond	litions contributing to	death but not tea	uting in t	he underlyjr	d canse a	given in P	ert I. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
	ebetes !	Melle	lus	7	No	I	PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
										OF DEATH?
DID TOBACCO US	E CONTRIBUTE	TO CAUSE	OF D	EATH Y	es 🗆	NO	74			
25. WAS CASE REFERRED TO MEDIC				26. P	LACE OF D	EATH (Chec	k only one)			
1 YES 2 NO	HOSPITAL:	ER/Outpstlent 3 🗆		THER:	ne 5 An	sidence 6	Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF I (Month, Da	INJURY 2	865. TIME O		JURY AT ORK?	1	28d. DESCRIBE HOW IN	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investiga	1	y, roary	IIIOON	M 1 🗆		NO				
3 Suicide 8 Could no	28e. PLACE OF	INJURY — At home	, tarm, stre	et, factory, offi	00		261. LOCATION (Street a City or Town, State)	nd Number	or Rural F	loute Number,
4 Homicide determin	ed	, , , , , , , , , , , , , , , , , , , ,					City or lown, State)			
29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of r	my knowledge, death	occurred a	it the time, dat	and place.	, and due to	the cause(a) and men	ner as sta	ted.	
000) —	MINER: On the basis of ex									) and menner as stated.
29b. SIGNATURE AND TITLE OF CER		7			,	SNSE NUME			E SIGNED	
1 hamas	A-11	asone	11 1	MD	1	0	14 79	•	1116	411 1994
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUS	E OF DEATH (ITEM 2	7) Type. Pri	int)	//	/ /			7000	7161111
/,			/	*					0	'
31. DATE FIGHD Month Day Heary	A SE MEGISTRAF	SIGNATURE	- 22			<u>:</u>				
■ JUL 2 1 133	14 June plu	Inno - Nation								i i

DHMH-16 Rev 1/89

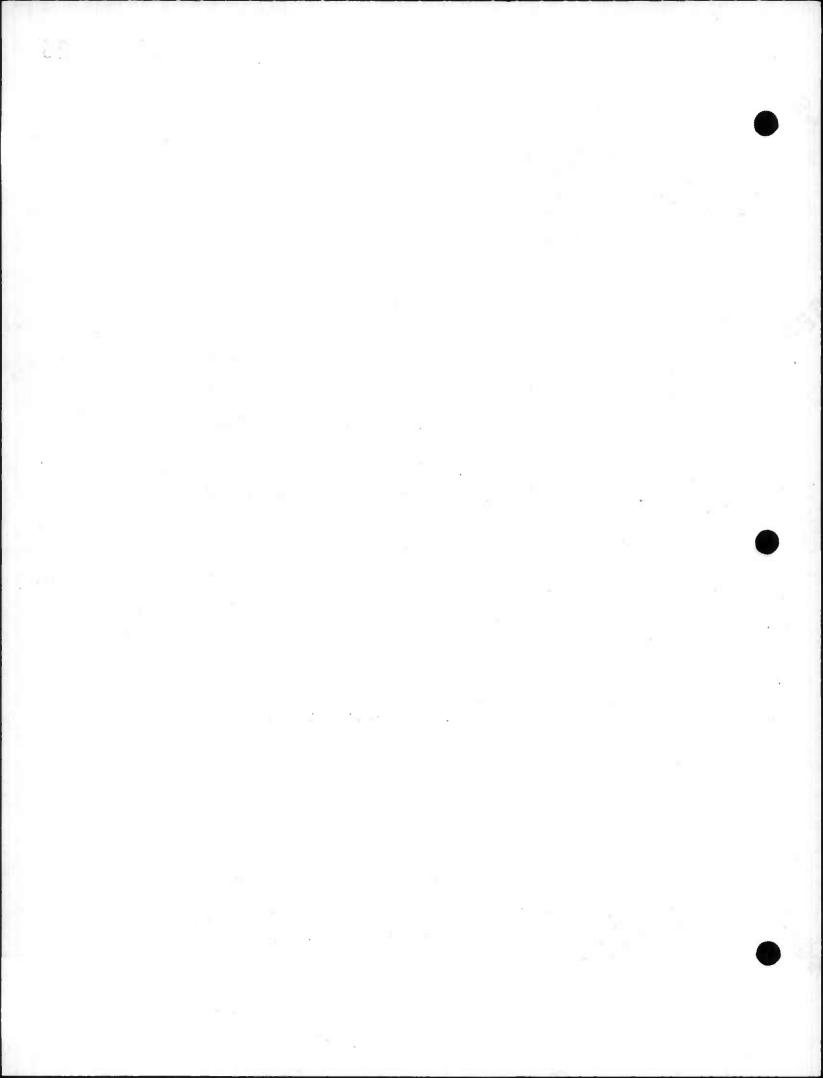


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	20
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rivours after death. Page 6 may be retained by the hospital or attending physician.	nysician.
TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	urial-transit
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFI	CATE (	OF DEATH	RE	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH			
	Thomas Franklin S	Smith, Jr.				July 1	8. 19	94 YEAR	6:47 pm			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF B	IRTH		HPLACE (State or Foreign			
	578-42-3679	1 🔀 M 2 🗆 F		MONTHS DA		(Month, Day	Year)	Coun	try)			
	9a. FACILITY NAME (If not institution, give str		01	ah CITY 70	WN OR LOCATION OF D				nington, DC			
ای			101			EATH		c. COUNTY OF	DEATH			
DIRECTOR	Shady Grove Adver	icist Hospi	raı	Rockv	111e		1	Montgom	ery			
EC.	10a. STATE 10b. COUNTY		10c, CITY.	TOWN OR L	OCATION				10d. INSIDE CITY			
<u> </u>	Maryland Monte								LIMITS?			
	Maryland Monts  100. STREET AND NUMBER	<u> </u>	Gai	thers				1 X YES 2 NO				
FUNERAL	The second of the second		11000		101. ZIP CODE		1	0g. CITIZEN OF	WHAT COUNTRY?			
ÿ	24 S. Frederick A				20877			U.S.A.				
ءَ ا	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA s, specify Cuban, Maxico	NIC ORIGIN? (Sp	ecify Yes or	No- 14. RAC	CE — American Indian, ck, White, atc.			
_ R	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 X NO Specif		, mruo)	Spe	city:			
				<u> </u>					White			
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U	JSUAL OCCU	PATION g most of working	16b. KINI	OF BUSINE	ESS/INDUSTRY				
4	Elementary/Secondery (0-12)	College (1-4 or 5+)	life, Do NOT use	retired.)	-	1						
COMPLET	12		Electron	ic Te	chnician	Mus	ic Ind	dustry/	Instalation			
ج إ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA							
	Thomas Franklin S	mith, Sr.			Evelyn	Lee Mal	oney					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural			Stete, Zip Code)				
-	Virginia Ann Orfan	nos			enue, Rocl							
	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE OF					TION — City or T	own State			
	1 N Burial 2 Cremation 3 Ramo	well from State										
		ENSEE	ate of he	22 NAM	Semetery	VOLUTY DOZ	511VE	er Spri	ng, MD			
	4 Donation 5 Other (Specify) Gate of Heaven Cemetery 7/21 Silver Spring, MD  21. GIONATURBOF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY DEVOI Funeral Home  10 East Deer Park Drive											
	Gaithersburg, MD 20877											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate											
	IMMEDIATE CAUSE (Final											
	disease or condition MYDCACCIA1 /AIFACCTION 12 House											
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	- (1	1 /110-11	MAN ARTORY 3 DISEASE						
_	_	ATULOR	a SCI EXC	710	CARRANAG	1504		3 4,000				
5	Sequentially list conditions,	OUE TO OR AS	A CONSECUENCE OF		C010070707	7 11-0	000		1 10/200			
₹	If any, leeding to immediate cause. Enter UNDERLYING	002 10 (011 710	A SONGEGOEINGE OF	•			015	ENZE				
5	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF									
HILICALION	that initiated events resulting in death) LAST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					j			
		I <sub>4</sub>										
ا ر	PART ii. Other algnificent conditions			the under	lying ceuse given in	Part i. 24a.	WAS AN AUT		b. WERE AUTOPSY FINDINGS			
3	DIABETES		PIDUS				PERFORME	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
		SUBDURA		107	OMA	_   ' -	YES 2	NO	OF DEATH?			
Y I									1 TYES 2 NO			
PHTSICIAN:	DID TOBACCO USE C	CITICIDULE 10	CAUSE OF			X						
ا ڌِ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T	OTHER:	6. PLACE OF DEATH (CI	neck only one)						
2	1 TES 2 NO	1 Inpatient 2 KER/O			Home 5 🗆 Rasidence	8 - Other (Spe	iclfy)					
5	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year	28b. TIME	OF 28c	INJURY AT WORK?	28d. OESCRIB	E HOW INJU	JRY OCCURED				
5	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be	28s. PLACE OF INJUI building, etc. (Sr	RY — At home, ferm, st	reet, factory,	office	28f. LOCATION	(Street and	Number or Rural	Route Number,			
	4 Homicide determined	bunung, etc. (S)	roodly)			City or Tow	vri, Stete)					
5	29a. CERTIFIER	NAME To the feet of our feet										
<u> </u>		CIAN: To the best of my kno										
COMPLEIE		R: On the bests of examinet	TOTAL ETTELOY INVESTIGATION	, in my opini	on, death occured at the	time, date end	place, and di	us to the cause	s) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIGNEO (Month, Day, Your)												
	Mu mall	Lance	ers- W	D	1020	7730	0   1	> 7-	19-74			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)	SUITE "	210			1/A			
				20 F	suite ?	ICK	RA C	SA1 7100	Engrupa"			
	JUL 2 1 1994	Julia Davidson	- Pandall				,					



DWG

ITEM: 23 PART I, PER MEO FILM G-715 9/15/94 t.t

22827 94

1	-	FOR STATE REGISTR	AR
П			

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF	MANTLANU /			OF DEAT		REG. NO	t		
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
PRABHAT	CHAN	DRA SAI	RANG					JULY 1	8	YEAR Q 4	10:00P M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS.	7. DATE OF BIRTH		0 BIRTH	PLACE (State or Foreign
419 722	853	1 🔀 M 2 🗌 F	59	YRS.	MONTHS D	AYS HOURS	MIN.	Jan 12,	1935	Countr	ndia
9a. FACILITY NAME (If not ins	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH									NTY OF D	
7710 CAR		AVENUE	2		T	AKOMA	PAR	K	PI	RINC	E GEORGES
10a. STATE	10b. COUNTY		**	10c. CITY	Y, TOWN OR I	OCATION					tod. INSIDE CITY
Maryland I	Princ	e Georg	ges	Co1	lege	Park					LIMITS?
10e. STREET AND NUMBER		1				10f. ZIP COD	E		10a, CIT	IZEN OF Y	HAT COUNTRY?
4708 Mangi	ım Ro					2074	10			ndia	
11. MARITAL STATUS 1 Never Married 2 0 3 Widowed 4 X 10 Ivon		12. WAS DECEDENT FORCES?  IF YES, GIVE			If ye	B DECENDENT ( PS, specify Cuba YES 2 X NO	n, Maxican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No—	14. RACE Black Speci	— American Indian, , White, atc. <sup>fy:</sup> Indian
	DENT'S EDUC		16a, DI	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 5	+1	Do NOT us	e retired.)	ng most of working Journa	-	t Colle	ae		
17. FATHER'S NAME (First, Mic	ddle, Last)							IE (First, Middle, Maiden		C -	hila B.
Govind	Sara	ng					un	obtainab	le	PA	WASKAT
19a. INFORMANT'S NAME (7)		2 2 2						oute Number, City or Tow			20740
Solomon P.		ang					. Co	llege Pa		MD	20740
t 🖾 Burial 2 🗆 Cremation 4 🗆 Donation 5 🗆 Other (	3 🗆 Remo	val from Stata	Genetery, con	AND DATE OF	of disposition	gton (	Ceme	tery 7/2	9/94	1 Ad	elphi, MD
21. SIGNATURE OF FUNERAL	SERVICE LICI	ENSEE			22. NAI	ME AND ADDRE	SS OF FAC	iuty Takoma	Fur	nera	1 Home, In
- m	Kut	12	Sul		254	Carro	011	St. NW W	ash:	ingt	on, D.C. 20
23. PART I. Enter the dis	seeses, or co	omplications the	it caused the d	eath. Do n	ot enter the	e mode of dy	ing, such	ea cardiec or reep	ratory ar	reat,	Approximate
IMMEDIATE CAUSE (Find disease or condition resulting in death)		Filt DUE TO	Liv	<del>रिच</del>		LOUS PNE	UMONI/	4			Interval Between Onset and Death
Sequentially list condition if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or injustrat initiated events resulting in deeth) LAST	Hate NG y		OR AS A CONSE								
PART II. Other algorifican	nt conditions	contributing to	death but not	resulting i	n the unde	riying ceuse	given in F	Part I. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS: AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
DID TOBACC		CONTRIBU	TE TO CAL	USE O			NC				· · · · · · · · · · · · · · · · · · ·
EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF D					
1 XYES 2 NO		28a. DATE O	ER/Outpatient	28b. TIM		c. INJURY AT	sidence (	26d. DESCRIBE HOW I	AL HI HEN CO	CHRES	
t Natural 5 P	Pending nvestigation	(Month, I			URY	WORK?	□ NO	280. DEŞCHIBE HOW I	NJUHY OC	CURED	
3 Suicide 6 C	Could not be letermined	28a, PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, term, s	treet, factory,	offica		261, LOCATION (Street City or Town, State)	and Numbe	r or Rural F	loute Number,
one)								to the cause(s) and mai			) and manner as stated.
296, SIGNATURE AND TITLE	OF CERTIFIER	11				29c. LICI	ENSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)
Theoder	e M	Kund	m.	1.		0	.C.M	.E.	•	JUL	Y 19/94
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CA				et R	al+i	more, Ma	rvl	and	21201
31. DATE FILED (Month, Day, Y	bar)	32, REGISTR	AR'S SIGNATURE	enn	Stre	CC, D	41.61	more, Me	-1-1	4114	21201
JUL 2. 1			widson-Ra	ndess							

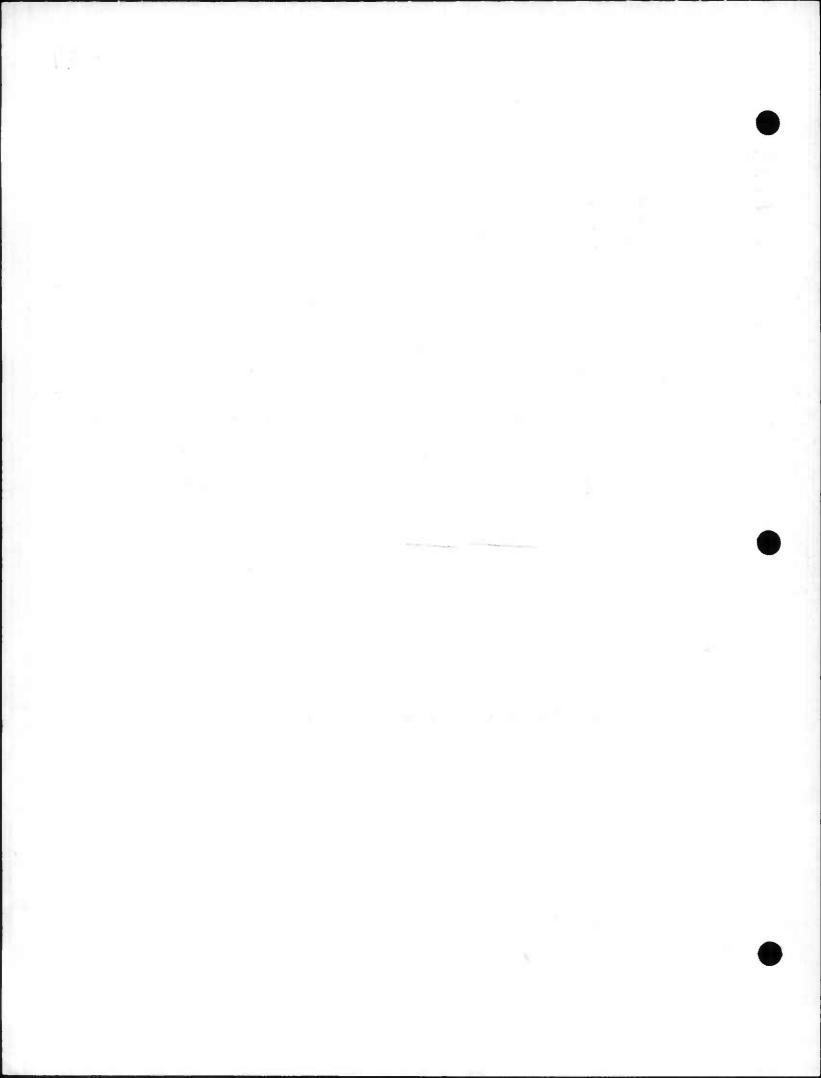
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within who have a fear the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1994

DHMH-16 Rev



Ontwine to Hev 1/8:

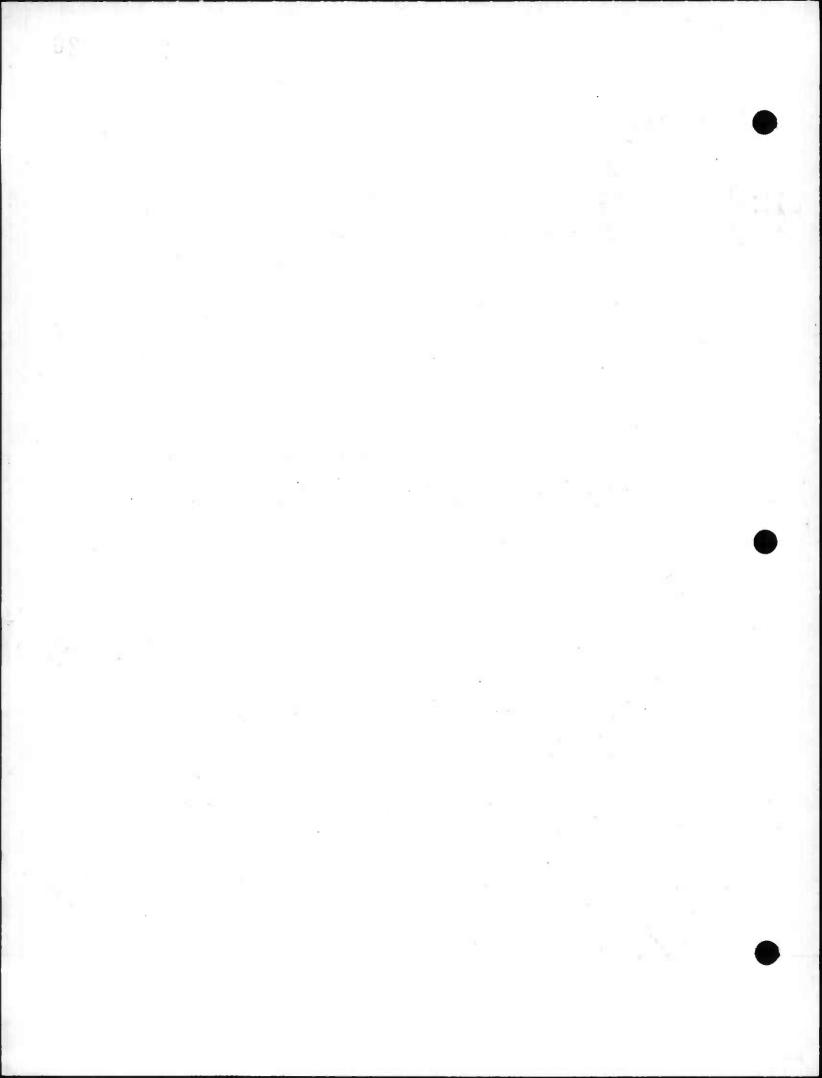
	s 72, 3 should	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perior. Pages 72, 3 should	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BALTIMORE, MARYLAND 21215-0020	TO THE FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training and provided the state of the	
MARYLAN	e retained by the hos	notified at once.
ALTIMORE,	death. Page 6 may be funeral director, page	be new within 72 hours diet began with the State began, or negating any mental nything prout to obtain, definition, or removal.  IMPORTANT: If I tem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	rith hours after alerely filled in by the	be lied whill it from 28 is marked, or free 3shows any injury, or other traumatic event, the medical at
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ifficate be executed w	ther traumatic eve
ORDS, P.O	s that the death cert ned by the attending	any injury, or of
VITAL REC	AN: The law require	item 23 shows
ISION OF	TTENDING PHYSICI	28 is marked, o
NO	THE HOSPITAL OR I	PORTANT: If item
	22	3 \$

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH MONTH DAY

- 4	1. DECEDENT'S NAME (First, M	liddle, Last)			2. DATE OF DEATH 3. TIME OF D							3. TIME OF DEATH	
2)	MARCO	V	V	nul.	+-	7		MONT	TH DA	AA.	YEAR	5 25 A.M	
8	4. SOCIAL SECURITY NUMBER	1	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	,	S. BIRTHI	PLACE (State or Foreign
	238-32-3248		1 🗌 M 2 🔀 F	88	YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year)	)6	Mass	achusetts
	9a. FACILITY NAME (If not instit	tution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATION OF E		37 = 30		INTY OF DE	
e l	Suburban Hos						Beth	esda			M	ontgo	mery
2	RESIDENCE OF DECE	DENT 0b. COUNTY			10c CIT	V TOWN	OR LOCAT	TION					404 MOIDS OFF
=	Maryland	Mont	gomery		150. 011	, , ,		kville				1	10d. INSIDE CITY LIMITS?
إر	10e. STREET AND NUMBER	MOIT	gomery					I. ZIP CODE			10a, CIT	IZEN OF W	1 X YES 2 NO
	118 Monroe	Stree	t #207				-	20850	)		711		States
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDENT			13.	. WAS DEC	ENDENT OF HISP	NIC ORIGI	N? (Specify Yes		14. RACE	- American Indian.
2	1 Never Married 2 Ma 3 Widowed 4 Divorce		FORCES? 1		INO			ecify Cuban, Maxic		Ricen, etc.)		Black, Specify	, White, etc.
- 1		100									White		
COMPLEIED	(Specify only hi		completed)		DECEDENT'S (Give kind of v life. Do NOT us	vork done	during mo	ON ost of working	168	b. KIND OF BUS	SINESS/INI	DUSTRY	
7	Elementary/Secondary (0-12	2)	College (1-4 or 5+)		gister					Hospi	+ = 1		
5	17. FATHER'S NAME (First, Midd.	lle, Last)	J.	Inc	915001	cu	Nuls	18. MOTHER'S N	AME (First				
n O	Frank J. Wa	ıde								Collin			
	19a. INFORMANT'S NAME (Type	/Print)			19b. MAJLING	ADDRES	SS (Street a	and Number or Rura		_		o Code)	
-	Edward F. Ne	ewell			1225 E	Bodw	ell :	Road, Ma	nche	ster,	New 1	Hamps	hire 03109
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation		wal from State	20b. PLAC	E AND DATE O	F DISPO	SITION (Na	me of 7/14/	94 OAT	7E 20c. LO	CATION —	City or Tow	vn, Stata
	4 Donation 5 Other (Sc	pecify)		Mont	gomer	V Cr	comat	orium,	Inc.	Beth	esda	, Ma:	ryland
1	21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE			22 R	ober	t A. Pun	phre	y Fune	ral 1	Home/	Rockville,
	Kary	-00	xul	M	00198		300 l	West Mor	itgom	ery Av	enue	2805	inc.
	23. PART I. Enter the dise shock, or hear	ases, or c	omplications that list only one caus	caused tha	death. Do n	ot ente	r the mo	de of dying, au	ch aa car	diac or reapi	ratory ar	reat,	Approximata
	IMMEDIATE CAUSE (Final		<u> </u>	or out of the									Onset and Death
	disease or condition resulting in death)		- Theu	nonia									1 mouth
Ŋ			DUE TO (	OR AS A CONS	BEQUENCE OF):								
ALICE	Sequentially list condition		DUE TO (	OR AS A CONS	EQUENCE OF):								
5	if any, leading to immedia cause. Enter UNDERLYING	3			NSEQUENCE OF:								
	CAUSE (Disease or injury that initiated eventa	1	OUE TO (	OR AS A CONS	NSEQUENCE OF):								
CERT	resulting in death) LAST		l										
] [	PART ii. Other significant	condition	contributing to	death but not	ot resulting in the underlying cause given in Part I. 24s. WAS					24s, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
5	Prodund ve	- Fronts	4.7		ren.					PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
	Rend Fo	ailure	(	2 / 4	buch 1	Susp	outel	)	_	1 TYES 2	NO		OF DEATH? 1 ☐ YES 2 ☐ NO
	DID TOBACCO		CONTRIBUTE			_			0 🕅				
SICIAIN	25. WAS CASE REFERRED TO N EXAMINER?						26. PL	ACE OF DEATH (C		ne)			
	1 VES 2-54 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHE 4 Nu		e 5 🗆 Residence	6 🗆 Othe	er (Specify)			
	27. MANNER OF DEATH	1-6	28a. OATE OF I (Month, Da		28b. TIMI	E OF URY	28c. INJ WO	URY AT	28d. OE	SCRIBE HOW II	VJURY OC	CUREO	
5	2 Accident Investment			М		rES 2 NO							
		uld not be ermined	28s. PLACE OF building, e	home, term, s	treet, tac	tory, offic			Or Town, State)	ind Number	r or Rural Ro	oute Number,	
	29a. CERTIFIER												
	(Check only				end place, and du								
2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured 29b. SIGNATURE AND TITLE OF CERTIFIER										i and piace, an			
4	1:1 Man	CENTRIEN	h a					29c. LICENSE NU	IIC 7		29d. DAT	E SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDR O	ERSON WHO	COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type,	Print)		Y -	.,7)			/ - /_	5-17
IJ	30. NAME AND ADDR OF ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Sidney J- Cohm, M) /2/ Congressional Lane, Rochille, MD 20852  31. DATE FILED (Morth Day Mar) 1.2 BECISTBAR'S SIGNATURE												
	31. DATE FILED (Month, Day, Yea	nr)	32. REGISTRAF			U			/				
	JUL 2 0 19	194	Sulia Devid	son-Pan	date								



# Amended #1, 7/18/94, MRT, Montgomery County 1- STATE

	REGISTRAR		CE	:KIIIFI	CATE O	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Margar	Marga	get B.	Ste	rnberg	er rger	2. DATE MONT	OF DEATH	- 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-44-0793	5. SEX	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mont)	OF BIRTN h, Day, Year) 8, 19	1	s. BIRTHP Country) Kans	
- 13	9a. FACILITY NAME (If not institution, give :	street and number)		-	9b. CITY, TOWN	OR LOCATION OF D		0, 1)	9c. COUNT		
DIRECTOR	1213 ROSS RO				r Spring			Mont			
Ä	10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR LOC	ATION				10	10d, INSIDE CITY
	Delaware Sus	sex		Bet		Beach					LIMITS?
FUNERAL	7 Ocean Court					of. ZIP CODE	0		"	en of wa SA	IAT COUNTRY?
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARI YES 2 XN WAR OR DATES	MED	Il yes,	ECENDENT OF HISPAI specify Cuban, Maxics S 2 NO Specif	n, Puerto		or No—	Black, Specify.	
	15. DECEDENT'S EDU (Specify only highest grade		18a. DE6	CEDENT'S	USUAL OCCUPA	TION	16b	. KIND OF BUS	SINESS/INDU		White
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	ille.	Do NOT us	nt Cle			gricul	turo 1	Dono	w.t
8	17, FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA				Dena.	
BE C	Patrick J.	Mc	Cormick			Nellie			Gluc]		
2	190. INFORMANT'S NAME (Type/Print)  Edith M. McAlin	ndon		2313		and Number or Rural					
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ③ Fremation 3 □ Rem		20b. PLACE A	ND DATE O	F DISPOSITION	Road, Si	Iver		CATION - C		
	4 Donation 5 Other (Specify)		Metrop	olit		ematory 7		94 Alex	kandr:	ia, V	Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	16 most	Sr.		FRANC	AND ADDRESS OF FA S J. COL NIVERSITY	LINS	FUNERA	AL HON	ME, I	INC. , MD 20901
	23. PART I Enter the diseases or shock, or heart failure.	complications the List only one cau	t caused the de	sth. Do n	ot enter the n	oda of dying, suc	h se care	diac or respi	ratory srre	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	. Chro	ue fry	OUENCIA OF	no cy t	i feul	em	بو			Onset and Daath
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	(OR AS A CONSEC	UENCE OF	):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	c. DUE TO	(OR AS A CONSEC	UENCE OF	):						
	PART II. Other significant condition	s contributing to	death but not re	sulting in	n the underly	ng csusa given in	Part I.	24a. WAS AN PERFOR			YERE AUTOPSY FINDINGS
EDICAL							_	1 TYES 2			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W :	DID TOBACCO USE	CONTRIBUT	E TO CAU	SE OF	DEATH	YES I NO				1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26.	PLACE OF DEATH (Ch		10)			
Š	1 TES 2 AHE		ER/Outpatient 3	□ DOA	OTHER: 4 Nursing He	me 5 🗆 Residence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, D		28b. TIME INJU	JRY V	JURY AT	28d. DES	SCRIBE NOW I	NJURY OCCI	JRED	
BY	2 Accident Investigation	28e. PLACE O	F INJURY — At hor	ne, Jarm, s		YES 2 NO	281. LOC	ATION (Street a	and Number o	r Burni Bo	uto Number
TED	4 Nomicide 8 Could not be determined	bullding,	atc. (Specify)					or Town, State)	74077007 0	710000 7100	no remon,
COMPLETED	29e. CERTIFIER (Check only one) 1 GERTIFYING PNYS 2 MEDICAL EXAMINE										and manner as stated,
ОШ	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI					Wonth, Day, Year)
0	Lerenny V. C.	solve	mo			2040		2_	> 17	1 18	194
	30. NAME AND ADDRESS OF PERSON WH	Cooke			Print)  WM -	Ano Ka	148	.66	(m. 1	2	19
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE	ان	00000	an, p	146	9174	wia.	n	11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ran be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		EMILL	ICALE	Ur	DEATH		REG. NO	1,		
	1. DECEDENT'S NAME (First, Middle, Last)	0	.10.	^-			2. DATE	OF DEATH	ΑÝ	YEAR	3. TIME OF DEATH
	EULA MAE	SIE	WH	KI_			Ju		4	994	8 AH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	,	8. BIRTH Country	PLACE (State or Foreign
	175-32-9462 1 M 2 1 F	61	YRS.				Dec.	20,19	32	Virg	ginia
~	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, 1	TOWN O	R LOCATION OF E	DEATH		9c. COU	NTY OF D	EATH
FUNERAL DIRECTOR	Holy Cross Hospital			Sil	ver	Spring			M	ontgo	omery
E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCAT	ION					10d, INSIDE CITY LIMITS?
<u>a</u>	Maryland Montgomery			Whea	ton						1 YES 2 NO
A	10e. STREET AND NUMBER					ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
E	3606 Adams Drive					20906				USA	4
5	11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DECI	ENDENT OF HISPA	NIC ORIGIN	? (Specify Ye	e or No-		- American Indian, , White, etc.
BY F	1 Never Married 2 Married FONCES? 1 3 Wildowed 4 Divorced	YES 2X	10	1	yes, spe	city Cuben, Mexic	an, Puerto I lly:	Rican, atc.)		Specif	
	3 Widdwed 4 X Divorced									Whit	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	CEDENT'S	USUAL OCC work done du se retired.)	CUPATIO	N at at working	16b	KIND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12) College (1-4 or 5										
N P	11	<u>Hom</u>	emake	er							
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, I	Aiddle, Maiden	Sumame)		
BE	Benjamin F Marsh	1				Effie		Wo	od		_
5	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural					20879
	Kim_Simms	2	0122	Welb.	eck	Terrace	Ga:	ithers	burg	, Mary	land
	20a. METHOD OF DISPOSITION 1   ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE / cemetery, cre						20c. L.O			
	4 Donation 5 Other (Specify)	Georg	e Was	shing	ton		7/18	/94 Ad	elph	i, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1111	•	22. N	AME AN	D ADDRESS OF F	ACILITY				
	Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 2090										
	23. FART & Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	shock, or heart failure. List only one cau	se on each line				ao or oymig, oo	on aa oare	nac or reap	itatory ar	reat,	intarval Between
	IMMEDIATE CAUSE (Final disease or condition	: 11.	_	0		•	A	,			Onset and Death
	reaulting in death) a.	OR AS A CONSE	DIJENCE OF	n	ar	amoi	nale	34			
_	_ 6	entos	0	), Na n I		1-0.					i
Ó	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEC	DUENCE OF	F):		7000	we.				
¥	cause. Enter UNDERLYING			. 1							İ
Ĕ	CAUSE (Disease or Injury that initiated events	(OR AS A CONSEC	DUENCE OF	F):							
CERTIFICATION	reaulting in death) LAST										
	DART II Other significant and distance as sub- at a	400 C									
Ă.	PART II. Other algnificant conditions contributing to	death but not r	esuiting i	n tha und	arlying	cauae given ir	1 Part I.	24s, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								1 TES 2	NO D		COMPLETION OF CAUSE OF DEATH?
Σ											1   YES 2   NO
ž										1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER:		ACE OF DEATH (C	heck only on	e)			
YSI	1 VES 2 NO 1 Inpatient 2		□ DOA			5 🗆 Residence	6 🗆 Othe	(Specify)			
표	27. MANNER OF DEATH  28e. DATE OF (Month, D)  1 Netural 5 Pending		28b. TIM INJ	E OF 2 URY	8c. INJU		28d. DES	CRIBE HOW I	NJURY OC	CURED	
B≼	2 Accident Investigation			M		ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	F INJURY — At ho etc. (Specify)	me, ferm, s	street, tector	ry, office		28f, LOC City	ATION (Street : or Town, State)	and Numbe	r or Rural R	oute Number,
<u>.</u>											
립	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, de	ath occurre	ed at the tim	ne, date	and place, and du	e to the cau	se(e) and ma	nner as sta	ned.	
COMPLETED	one) 2MEDICAL EXAMINER: On the beele of e	samination and/or i	investigatio	n, In my opi	Inion, de	ath occured at the	e time, data	and place, an	nd due to ti	he cause(e)	and menner as stated.
BEC	29b. SIGNATURE AND TILE OF CERTIFIER					29c. LICENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
	Panhay 4	Р.	LA	M	OI	D39	671	,			.94.
2	30. NAME AND ADDRESS OF PERSON W MPLETED CAUS	SE OF DEATH (ITE	<b>М 27)</b> (Тура,	Print)							
	31. DATE FILED (Month, Day, Year) 39. REGISTRA	R'S SIGNATURE									
	JUL 1 8 1994 Julia Da	n's signature	delle								

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

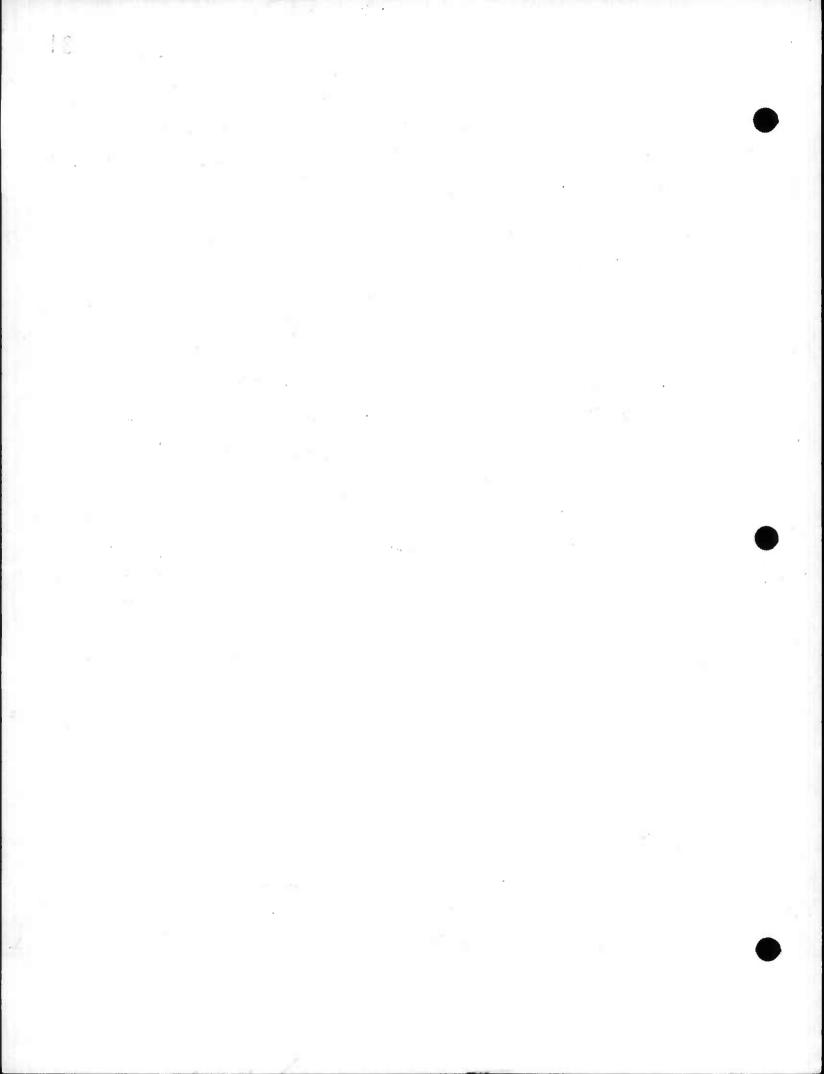
DHMH-18 Rev 1/89

ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit p	oval.	al examiner must be notified at once.	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (	OF DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	DEATN		3. TIME OF DEATH		
			kler			July	18, 199		6:00 AM M		
	4. SOCIAL SECURITY NUMBER 219-42-2933	5. SEX 6. AG	E (In yrs. last birthday) 73 YRS.	IF UNDER 1 YE		7. DATE OF B (Month, Day Feb.	y, Year)	Coun	HPLACE (State or Foreign try) LIVar, NY		
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TO	WN OR LOCATION OF D			UNTY OF			
DIRECTOR	4021 Dustin Roa	d			onsville				gomery		
8	10a. STATE 10b. COUNTY		10c, C/1	TY, TOWN OR LE	CATION				10d. INSIDE CITY		
E I		tgomery		Burton	sville				t XYES 2 NO		
BY FUNERAL	4021 Dustin Road	d			101. ZIP CODE 2086	66	1 '		what country? States		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13, WAS	DECENDENT OF NISPA	NIC ORIGIN? (Se			E American Indian,		
1 Never Married 2 Married  1 Never Married 2 Married  3 Wildowed 4 Divorced  FORCES? t YES 2X NO If yes, specify Cuban, Martican, Puerto Rican, etc.)  1 YES 2X NO Specify: Whi											
딢	ts. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a, DECEDENT'S	work done durin	PATION g most of working	18b. KIN	D OF BUSINESS/I	NDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Teach	se retired.) er / Mi	ısic		Educatio	n			
8	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S N.	AME (First, Middle	e, Malden Surname				
BE C	Correll Cook					1 Rude	.,				
5	19a. INFORMANT'S NAME (Type/Print) Ronnie D. Sicl	kler	19b. MAILING	O21 Du	eet and Number or Rural Stin Road,	Route Number, C	nsville	(ip Code)	20866		
	20s. METHOD OF DISPOSITION t  Burlal 2 Cremetion 3 Remo	oval from State	0b. PLACE AND DATE	OF DISPOSITIO	N (Name of	9/92 <sup>TE</sup>	20c. LOCATION - Brentwo	- City or T	own, State		
	4 Donation 8 Other (Specify)	NSF67	emetery, crematory or c t. Linco		natory and Address of F		prentwo	, ,	MD		
	Maria A.	Grant		Hi	nes-Rinald	li Fune:	ral Home	lver	Spring MD		
	23. PARY t. Enter the disesses, or o	omplications that caus	ed the death. Do	not enter the	mode of dving, sur	ch as cardiac	or resolvatory	rrest	Approximats		
	shock, or heart failure. List only one cause on each line.										
	disease or condition										
	resulting in death)	EUE TO (QR AS	A CONSEQUENCE O	DVV GC					ZYE		
_		LYM	PHOMA	-					6 410		
<u>ē</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):					O MC		
CERTIFICATION	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (QR AS	A CONSEQUENCE O	F):							
F	resulting in death) LAST	4.									
	PART II Other significant condition	a contribution to direct	h								
중	PART II. Other significant condition	s contributing to death	but not resulting	in the under	lying cause given in	Part I. 24a	. WAS AN AUTOPS PERFORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
PHYSICIAN: MEDICAL						1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
Σ									1   YES 2   NO		
ä	OF MAC CASE DEFENDED TO MENON										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	A	OTHER:	B. PLACE OF DEATH (C	heck only one)					
չ	1  YES 2 NO	1   Inpatient 2   ER/O	-		Nome 5 Residence						
	1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		JURY	INJURY AT WORK?	28d. DEŞCRIE	BE NOW INJURY O	CCURED			
à l	2 Accident Investigation				YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide defermined	building, atc. (S	RY — At home, farm, pecify)	street, factory,	offica	28f. LOCATIO	N (Street and Numb wn, State)	er or Rural	Route Number,		
COMPLETED											
ᇫᆘ	(Check only	CIAN: To the best of my kno	owledge, desth occurr	ed at the time,	data and place, and du	n to the cause(a	) and manner as s	ated.			
8	one) 2 MEDICAL EXAMINE	Orrige basis of exeminat	ion and/or investigation	on, in my opinio	on, death occured at the	time, data and	place, and due to	the cause	a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	WILLAN			29c. LICENSE NU	MBER	29d. D/	TE SIGNE	O (Mogth, Day, Year)		
TO BE		4 / N(V))			D324	-077	•	7/1	8/94		
Ē	Dr. Joseph M. Ha	gerty 14	808 Physi	, Print) Lcians	Lane, Roc	kville.	MD 2	0850			
	31. DATE FILEO (Month, Day, Year)	3g. REGISTRAR'S SIG	GNATURE								
	JUL 1 9 1994	Fuhia Davidso	n-pandale								





# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH				
	Shirley	Spie	elman			July 16,	1994	3:35 P M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign				
	078-16-7541		89 YRS.	MONTHS DAYS	HOURS MIN.	Nov 23, 1	904	Country)				
	9s. FACILITY NAME (If not institution, give a			as CITY TOWN	OR LOCATION OF DE		9c. COUNTY					
DIRECTOR	Hebrew Home of G		nington	Rockvi		AIN		gomery				
EC	10s. STATE 10b. COUNTY	1	10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY				
E				shington				LIMITS?				
	10e. STREET AND NUMBER		, nd		ZIP CODE			1 X YES 2 NO				
RA				101	1-00-1000							
FUNERAL	1101 New Hampshi				20037			ed States				
BY FU	1 Never Married 2 Married 3 Widowed 4 N Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No.— 14.	. RACE — American Indian, Black, White, etc. Specify: White				
O.	15. DECEDENT'S EDUC	CATION	18s. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KINO OF BUS	INESS/INOUS					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during ma	st of working							
P	11	College (1-4 or 5+)	Ladies	Cloth	ing							
NO.	17, FATHER'S NAME (First, Middle, Last)	Cumama)										
	Mendel	Daches			Fagel	ME (First, Middle, Maiden	Kru	ık				
BE		Ducited										
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
.	(July 1)											
	1 [XBurisi 2   Cremstion 3   Rem	oval from State	20b. PLACE AND DATE of competent, crematory or of	OF DISPOSITION (Ne	me of	1						
	4 Donation 5 Other (Specify)		United He	brew Cen	etery	_ 7-19 Stat	en Is.	land, New York				
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE		Rann	D ADDRESS OF FA	Services,	РА					
	14-15	PUI	M00827			Silver Sp		MD 20910				
	23. PAPT I. Enter the diseases, or o shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. UREM/	on each line.		de of dying, suc	h as cardiac or respi	ratory arrest	t, Approximate Interval Between Onset and Daeth				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DEHY DRATION  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART ii. Other aignificant condition	s contributing to dae	th but not resulting	in the underlying	cause given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 X NO											
ÿ												
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (Ch	eck only one)						
YS!	1 YES 20 NO	1 Inpetient 2 ER/	Outpatient 3 DOA	4 Nursing Nom	e 5 🗆 Residence	6 Other (Specify)						
H	27. MANNER OF CEATN	28e. DATE OF INJU (Month, Day, Ye			URY AT	26d. DESCRIBE NOW I	JURY OCCUR	EΟ				
ВУ	1 Netural 5 Pending 2 Accident Investigation				rES 2 NO							
COMPLETED E	3 Suicide 6 Could not be determined	26s. PLACE OF INJ building, etc. (	JURY — At home, ferm, (Specify)	street, factory, offic		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
٦ ا	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my is	cnowledge, death occurr	ed at the time, date	and place, and due	to the cause(s) and man	ner as stated.					
Z	onel							suse(s) and manner as stated.				
TO BE	29b. SIGNATURE SHIP TITLE OF XERTIFIER 29d. DATE SIGNED (MC DO1120 July 1											
	30. NAME AND ADDRESS OF PERSON WHO Walter E. Goozh,				refield	Rd, Wheato	n, MD	20902				

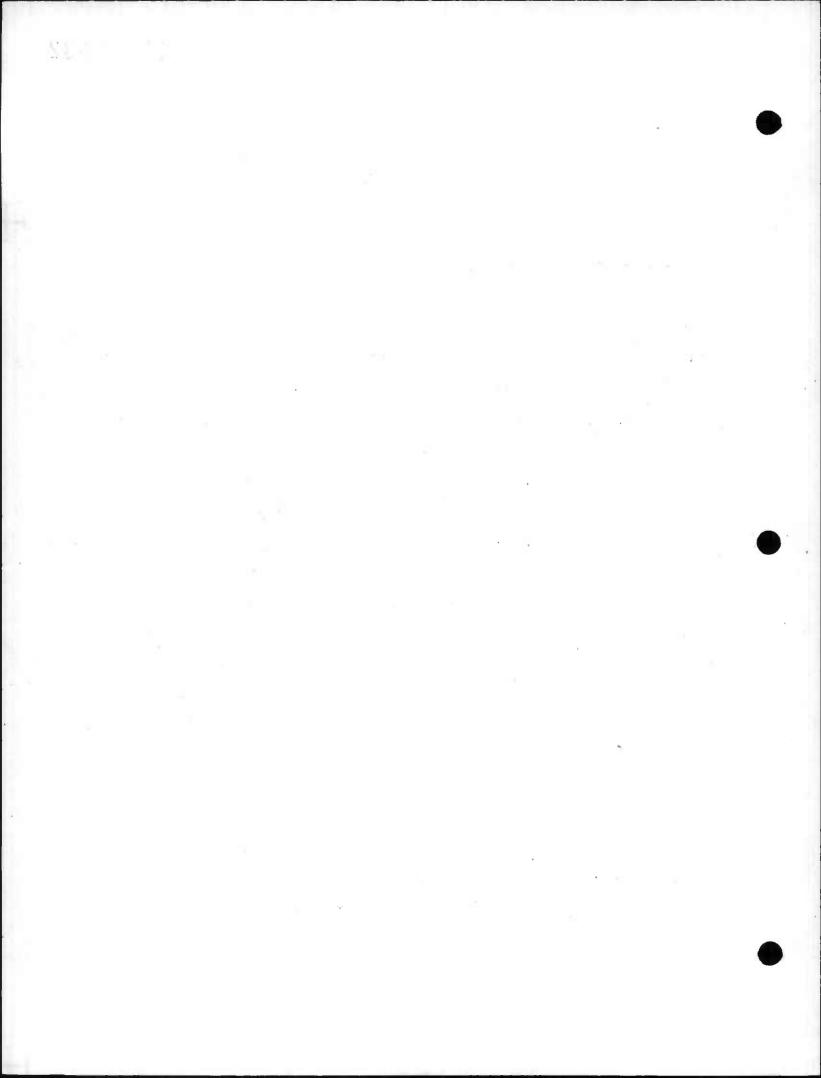
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) 9 1994 32. REGISTRAR'S SIGNATURE

DIMINISTS FAVORED



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within: Jours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
be file! within 72 hours after death with the State Dept. of Health and Memail Hygiene prior to burnal, cremation, or removal.
IMPQRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			-			2. DATE (	OF DEATH	AY	YEAR	3. TIME OF DEATH
ł	LOUISE	Ella		SIN		5	del		9	1994	824A M
2)  }	4. SOCIAL SECURITY NUMBER 577-42-9288	5. SEX 1 M 2 XF	83 v	rRS. IF UNDE	DAYS	HOURS MIN.	7. DATE (	pay, Year) 1 ober 1	910	Countr	PLACE (State or Foreign y) nsylvania
OR	9a. FACILITY NAME (If not institution, give at Brooke Grove	Nursing	Home		y, town 1ney	OR LOCATION OF DE	ATH			ntgoi	EATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	1	10	c. CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
ā		ntgomery		Silve							1 YES 2 NO
FUNERAL	15301 Walbrook	Court			10	1. ZIP CODE 209	06_			TIZEN OF V	VHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAY	EVER IN U.S. ARMED YES 2 THO R OR DATES	13. WAS DECENDENT OF HISPANIC Of If yes, specify Cuben, Maxicon, Pt 1 Yes 2 No Specify:							- American Indian, k, White, atc. Ty: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Glve ki life. Do	ENT'S USUAL ( ind of work done NOT use retired.)	during m	ON ost of working	200	KIND OF BU		OUSTRY	
5	10 17. FATHER'S NAME (First, Middle, Last)	-	Sale	sperso	n	18. MOTHER'S NA					
BEC	Demetrius	Dumm				Clara				olf	
2	19a. INFORMANT'S NAME (Type/Print)  James N. S					k Court					20906
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremetion 3 Rem	Simms oval from State	1530 Walbrook Court, Silver Spring, Ma:  20b. PLACE OF DISPOSITION (Name of cometer), cremetory or Gate of Heaven Cemetery Silver Spring							wrs, State	
	4 Doneston e Other (Specify) Gate of Heaven Cemetery Silver Spring 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, 500 UNIVERSITY BLVD., W., SIL. SP										TNC
-	23. PART i. Enter the diseases, pro	omplications that	ceused the deeth.	-				-			Approximeta
	shock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):										
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART II. Other significant condition	PERFORMED?  1 YES 2 NO OF								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
1	25. WAS CASE REFERRED TO MEDICAL				20.5	LACE OF DEATH (Ch	200 000 00				
200	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 No	R:	ne 5 🗆 Residence	,	-	· · · · · ·		
PHYSICIAN: ME	27. MANNER OF DEATH	26s. DATE OF II (Month, Day	NJURY 26	b. TIME OF	28c. IN	JURY AT ORK?	_	CRIBE HOW	INJURY O	CCURED	
2	1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY At home,	form, street, fo		YES 2 ND				er or Rural	Route Number,
ŭ	4 Homicide determined	building, e	tc. (Specify)				City	or Town, State	)		
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	ICIAN: To the best of n									a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1 Kate L	A Comme	n.D		29c. LICENSE NUI	MBER 1941	,	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	IC LAM	10000		NI	575006	1200-	λ ρ	/> <	7	2090 0 SPENG MD
	31. DATE FILED (Month, Day, Year)	32 PREGISTRAL	rs signature	2000 1		with the	VOEL	O DE	0 0	WEX	UPUNG MID



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tranish to be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERI	<b>TIFICAT</b>	E OF	DEATH	F	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	Edith God	lsey Sti	ntsma	n		2. DATE OF MONTH JULY	20, DAY 199	4 YEAR	3. TIME OF DEATH 6:59 A	
4. SOCIAL SECURITY NUMBER 141-32-3408	1 🗆 M 2 💢 F	NGE (In yrs. lest birth	RS. MONTHS		IF UNDER 24 HRS. HOURS MIN.		BIRTH 19, 1607) 1, 1899	Coun	HPLACE (State or Foreign try)	
9a. FACILITY NAME (If not institution, give at Collington Episcopal RESIDENCE OF DECEMENT		munity			ellville	EATH		ince	George's	
10e. STATE 10b. COUNTY	e George's		itche				7		10d. INSIDE CITY LIMITS? 1  YES 2 NO	
100. STREET AND NUMBER 10450 Lottsford F	Road, #1216			10	2072	1			WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	13	If yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 X NO Speci	an, Puerto Rica	pecify Yes or No— n, etc.)			
15. DECEOENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kin	NT'S USUAL ad of work done OT use retired.	during mo			O OF BUSINESS/			
	5+	Lati	n Tea	cher			Educatio			
17. FATNER'S NAME (First, Middle, Leet) Thomas Bushrod	Godsey				Jeniz	a Mar	e, Meiden Surneme Shall		100	
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
E. B. Godsey		20b.PLACE AND D				, Richardson, TX 75080				
1 Donallon 5 Other (Specify)					C.Y	1			ng, Maryla	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE R	20	22	Rapp	Funeral	Servi	ces, P.	Α.	, MD 20910	
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, was an autopsy 24b, were autopsy										
	PERFORMED?  1 Tyes 2X NO								MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C					
1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 🗆 Di	OA 4X N	R: Insing Hon	e 5 🗆 Residence	8 Other (Sp	pecify)			
27. MANNER OF DEATN  XX Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 28b	TIME OF INJURY M	28c. IN.	URY AT DRK? YES 2 NO		BE HOW INJURY (	OCCURED	MES.	
3 Suicide 6 Could not be 4 Homicide determined	JURY — At home, fi (Specify)	erm, street, fo	ctory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSI	CIAN: To the best of my i								(a) and manner as stated	
296. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE NU 2635				0 (Month, Day, Year) 20, 1994	
30. NAME AND ADDRESS OF PERSON WHO	any Rd	Centon		if)	20735			33		
31. DATE FILED (Month, Day, Year) JUL 2 2 1994	32. REGISTRAR'S	SIGNATURE			-6.5					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROY FRANKLIN SHOCKEY 11:10 P M JULY 16. 1994 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last hirthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 0 M 2 | F 76 DAYS HOURS 214-07-2461 YRS. Pennsylvania 12 24 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Garrett Frostburg 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Route 2, Box 503 U.S.A. 21532 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: ВУ Specify: 3 Widowed 4 Divorced W.W.I.I. White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Mechanic Automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Shockey Henry Mae BE Jones 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Effie Shockey Box 503 Frostburg, Maryland 21532 20s. METHOD OF DISPOSITION
14 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata Finzel. Cemetery 7/19/94 4 ☐ Donation 5 ☐ Other (Specify) Finzel, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home Toku 57 Frost Ave. Frostburg, Md. 21532 23. PARTA Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Myeloma DUE TO (OR AS CONSEQUENCE OF resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Phlmonary Disease PERFORMED? AVAILABLE PRIOR TO (crowny COMPLETION OF CAUSE 1 YES 2 NO OF OFATH? Consessor HALL Fally 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 \( \text{Nursing Home} \) 5 \( \text{Realdence} \) 8 \( \text{Other (Specify)} \) 1 YES 2 NO 1 Topatient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Maffural
2 Accident INJURY 5 Pending 1 YES 2 NO ВУ Investigation 28a. PLACE OF INJURY — At home, farm, streel, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 3 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and men 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Yber) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 917 Seten Cha 3. MEGISTRAR'S SIGNATURE Sardall 31. DATE FILED (Month, Day, Year) 18

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should be detached for use as the death. n and completely filled in by the to burial, cremation, or removal. the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 signed by the attending physician Health and Mental Hygiene prior to t. of h has b Dept. OR ATTENDING PHYSICIAN: The law h the State D. with 1 After DIRECTOR: # TO THE HOSPITAL C TO THE FUNERAL D DE filed within 72 ho IMPORTANT: If Its

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR			MENT OF H			YGIENE EG. NO.				
	DECEDENT'S NAME (First, Middle, Last)     WILLIAM	SAMUEL			CIDMORE		2. DATE OF D MONTH		94		н	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. les		IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8.8	BIRTNPLACE (State or Fo	-	
	214-01-0093  9e. FACILITY NAME (If not institution, give s	1 M 2 F	73	YRS.	9b, CITY, TOWN (	HOURS MIN.		16	21 Sc. COUNTY	Md.		
TOR	SACRED HEART HOS					RLAND		ALLEGANY				
DIRECTOR	Md. 10b. COUNTY	egany			rostbur					10d. INSIDE CITY LIMITS? 1 YES 2		
FUNERAL	15912 Woodsvie	15912 Woodsview Dr. S.W.				ZIP CODE 21		10g. CITIZEN	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 P IF YES, GIVE WAR	OR DATES	IMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:					RACE — American India Black, White, etc. Specify: White	ın,	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(G	live kind of wo n. Do NOT use	ISUAL OCCUPATION of done during monor retired.)  1 Worker	st of working	NESS/INDUST	eel Corp.				
COMP	17. FATNER'S NAME (First, Middle, Last)			Diee.	T WOLKS:	18. MOTNER'S NA	ME (First, Middle	, Melden St		Get Corp.		
BE	George Skidmon		40		ADDRESS (O		Duckwor					
2	Mary Jane Skidmo	ore		159	12 Wood	swiew Dr.	Goute Number, City or Town, Stere, Zip Code) S.W., Frostburg, Md. 21532					
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE Competery, cre	Tawn	FDISPOSITION (Na Memoria	l Garden:	DATE 7/17	La Loca	Vale,	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	23. PART I. Enter the diseases, or o	complications that ca	used the de	eath. Do no		t Funeral					nto.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									interval Be Onset and	tween	
NO	Sequentially list conditions,											
ICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury											
CERTIFICATION	that initiated events resulting in death) LAST  d.									<u> </u>		
AL I	PART II. Other significant condition	s contributing to dea	th but not r	rasulting in	tha underlying	g cause given in		WAS AN AI PERFORM	ED?	24b, WERE AUTOPSY FII AWAILABLE PRIOR COMPLETION OF C	TO	
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AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO D											
	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)  HOSPITAL: OTHER:										
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSFITAL:	Outpatient 3		4 I Nursing Nom	e 5 🗆 Residence	8 U Other (Spe	28d. DESCRIBE NOW INJURY OCCURED				
Y PHYSICIAN: MEDIC	EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending		JAY		OF 28c. INJ	URY AT RK?		-	JURY OCCURE	ED .		
B	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	1 Pinpetient 2 ER	JRY par)	28b. TIME	OF 28c. INJ	URY AT RK? YES 2 NO	28d. DESCRIB	E NOW INJ		ural Route Number,		
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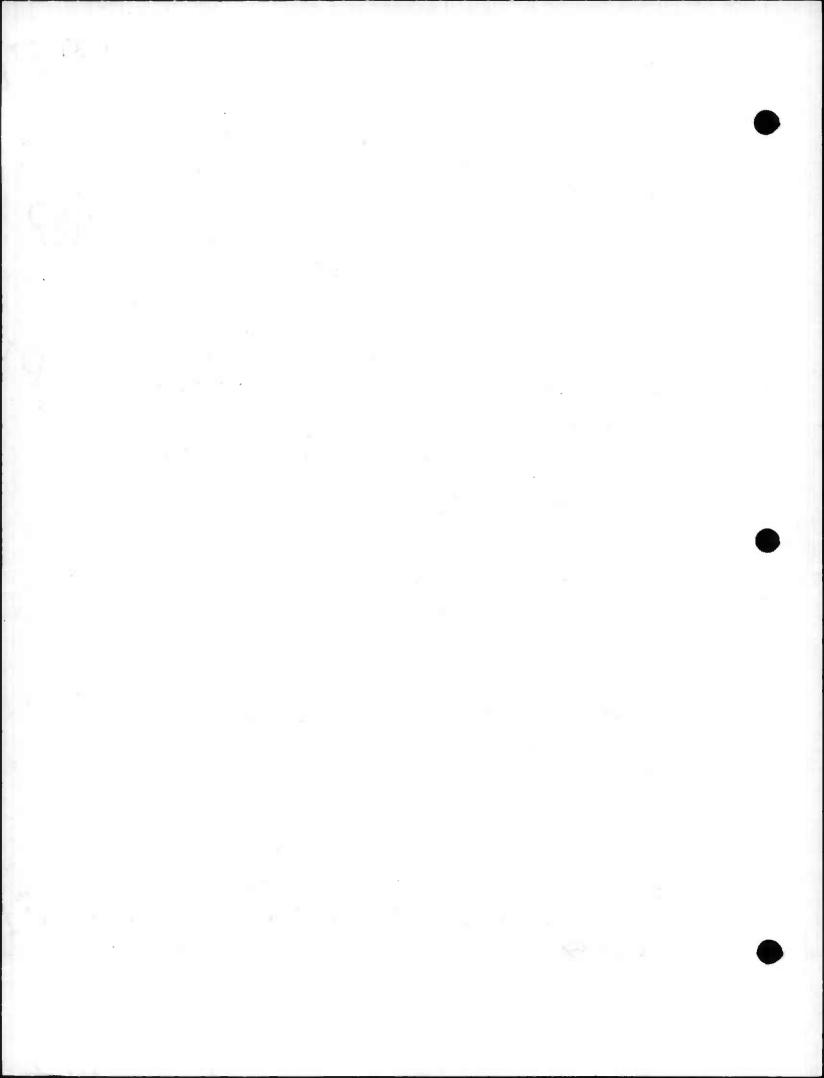
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within now star death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	thin 72	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 15, 7:25 P M MARY KATHLEEN STICKLEY JULY 1994 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign PA DAYS 1 M 2 X F 59 05 201-26-2005 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEA HEART HOSPITAL CUMBERLAND ALLEGANY RESIDENCE 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Allegany Frostburg 1 VES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 1 Box 38 USA 21532 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.SXARMED FORCES? 1 YES 21 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 24
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Spoot/White 3 ₩ Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Social Security Former Employee 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surn Margaret E. (Beck) John F. McNulty 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11 Cresap Street; Cumberland, MD Colleen M. Northcraft 20e. METHOD OF DISPOSITION
10 Burlel 2 Cremetlon 3 Removal from State
41 Denesting 5 Oct. 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Peter Paul Cemetery 7/19 Cumberland, MD Donetion 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502 anes 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such ea cardiac or respiratory arrest, Approximate allock, Dr haart fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition SEPTIC resulting in death) SEP TICEM! Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, laeding to immediate cause. Enter UNDERLYING ERFORATED CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART Ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | 10 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 😡 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Acciden 5 Pending 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29s. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basic of aramination and/or investigation in the cause destination in the cause (e) and manner eastered. end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day 06 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANGET NUD lenore 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF M		/ DEPAR					MENTAL	HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last)  MARGARET J.	SHIREV							MONTH			YEAR	3. TIME OF D	EATH
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. I	net hirthrian)	IE UMDE	R 1 YEAR	IF UNDER	2 24 UER	7. DATE (	7/21/	94	a DIDTI	9 • 4	0 p 1
1	214-07-4433	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	910	Countr	DMAN,	
	9a. FACILITY NAME (If not institution, give st				9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE		22/1		NTY OF D		111
TOR	CUMBERLAND NU	RSING H	OME			CUM	BERI	LAND	)		I	LLE	GANY	
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE C	тү
	MD AL	CUMBERLAND								1 X YES 2				
FUNERAL	13427 McMULLI	N HWV. 1	РОФОМ	AC DZ	DK	101	215	_			10g. CIT		VHAT COUNTRY	7
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. /	ARMED		WAS DEC	ENDENT (	OF HISPAN	IIC ORIGIN	? (Specify Yes		14. RACE	— American le	ndien.
ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WI		₹ио			2 X NO		n, Puerto R	ican, etc.)		Spec/	t, White, etc. fy:	_
	15. DECEDENT'S EDUC	DECEDENT'S EDUCATION 16a DECEDENT'S I					NA .		165	KIND OF BUS	INESC/IN	NIETDY	WHIT	E
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COMPLETED	9		V	VAREH	IOUS	ING			TEXTILE MANUFACTURI					RING
	17. FATHER'S NAME (First, Middle, Last) OSCAR GEORGE JORDAN 18. MOTHER'S NAME (First, Middle Middle, Last) GERTRUDE M											D D		
BE (	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	S (Street a		_		er, City or Town			=-	
5	CLIFTON E. SH	IREY		1342	7 M	CMU:	LLIN	I HW	Υ, C	UMBE	RLAN	ID, I	MD 21	502
	20a. METHOD OF DISPOSITION  1 Description 2 □ Cremation 3 □ Remo	oval frying State	20b. PLAC	rematory or o	OF DISPO	SITION (Na	me of	B /0	DATE	20c. LO		City or To	C - Country	
	4 ☐ Donetion 5 ☐,Other (Specify)  21. SIGNATURE OF UNERAL SERVICE LICE	ENVEE	HYI	IDMAN	22	NAME A	ND ADDRE	SS OF FA	CILITY				PA 15.	545
	· /sugr	26-	~		H	YNDI	MAN,	PA	. 1	ER F	-063	36	HOME	
	23. PART i. Enter the diseases, or o shock, or heart failure.	omplications thet list only one ceus	ceused the die on each iii	death. Do r ne.	not ente	r the mo	de of dy	ing, suc	h as card	iac or respi	ratory an	reat,		Between
	iMMEDIATE CAUSE (Final disease or condition	OPD										Onset a	and Death	
	resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions,													
Ĭ,	if any, leading to immediate cause. Enter UNDERLYING	immediate												
RTIFICATION	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):													
CERI	resulting in death) LAST													
	PART ii. Other aignificant condition	contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24s. WAS AN PERFOR		24b.	WERE AUTOPS	
MEDICAL	ANEMIA								_	1 _ YES 2			OF DEATH?	
2	DIABETES								- 1				1   YES 2 [	□ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. Pt	ACE OF D	EATH (Ch	eck only one	»)				
YSIC	EXAMINER?  1 YES 2 X NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 X Nu	R: rsing Hom	e 5 □ R	esidence	8 Other	(Specify)				
	27. MANNER OF DEATH  1 XNetural 5 Pending	28e. DATE DF I (Month, De		28b. TIM	IE OF JURY		RK?	¬o	28d. DE\$4	CRIBE HOW I	NJURY OC	CURED		
B√	2 Accident Investigation 3 Suicide 6 Could not be	home, farm,			YES 2 [			TIDN (Street a	and Numbe	r or Rural F	Route Number,			
TE	4 Homicide determined	building, e	rtc. (Specify)						City o	r Town, State)				
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)													
CO	2 MEDICAL EXAMINE		amination and/o	r investigatio	on, In my	opinion, d				and place, an	d due to ti	he cause(s	) and manner a	s stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	almo	1					498				TE SIGNED	(Month, Day, Ye	ar)

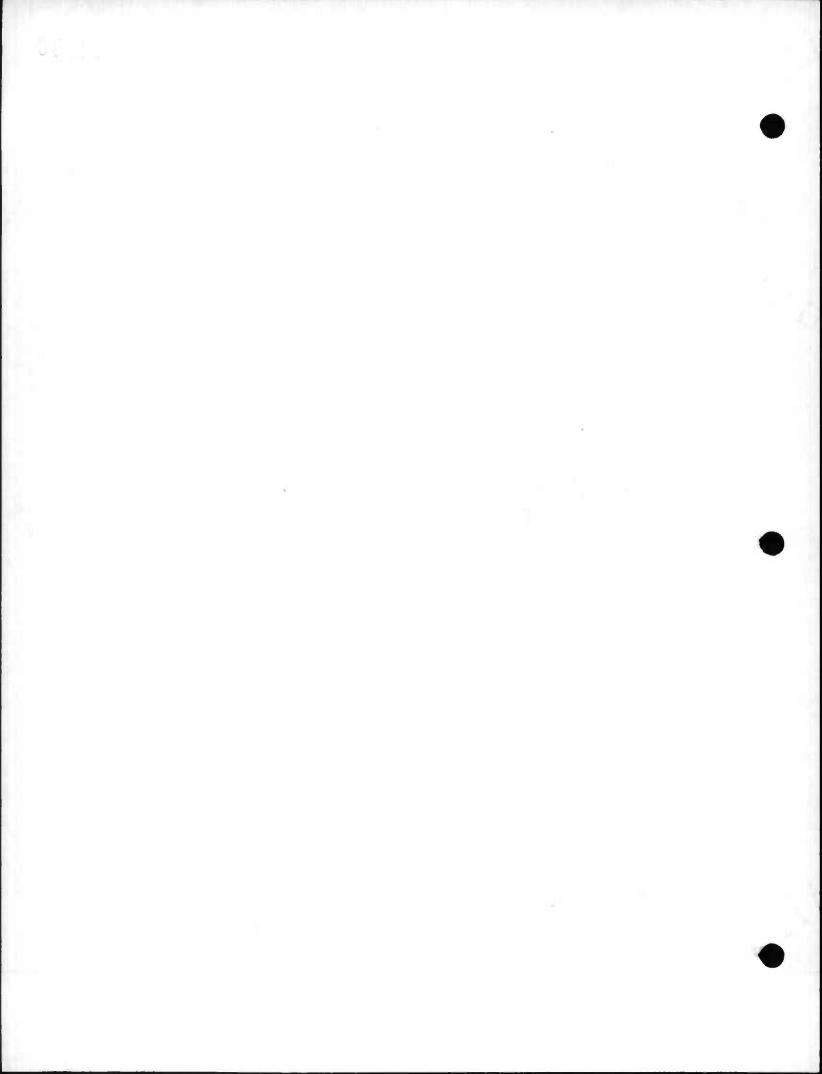
D04981

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PETER HALMOS, MD, SCHLEY ST, 302 CUMBERLAND, MD 21502

31. DATE FILED (Morith, Day, Year)

JUL 2 5 32. REGISTRAR'S SIGNATURE 7/22/94



sician.	al-transit permit	p est
or attending phy	or use as the bur	
ed by the hospital	uld be detached for	ed at once.
e 6 may be retain	rector, page 5 sho	must be notifi
rs after death. Pag	by the funeral di	dicai examiner
TO THE HOSPITAL OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit be filled within 72 hours after death with the State Dect. of Heath and Mental Hydere prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be execu	ing physician and raiene prior to bur	other traumative
s that the death of	and by the attendation and Mental H	s any injury, or
N: The law requin	State Dept. of He	item 23 show
ENDING PHYSICIA	IR: After this certi- ter death with the	is marked, or
HOSPITAL OR ATT	UNERAL DIRECTO	ANT: If Item 28
THE P	TO THE F	IMPORT

GREGORIO

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	EALTH A	ND M	IENTAL HYGIEN		) ~				
1	1. DECEDENT'S NAME (First, Middle, Leat)  Vernittia A.	Swift	0.	-11111	IOAI		DEAII		2. DATE OF DEATH	, MY 1994	YEAR	3. TIME OF DE	EATH A M		
100	4. SOCIAL SECURITY NUMBER 213-74-9616	1 □ M 2 X XF	8. AGE (In yrs. les	t birthday) YRS.	MONTHS	R 1 YEAR DAYS		MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 12,	1905	8. BIRTH Count	PLACE (State of			
CTOR	96. FACILITY NAME (If not institution, give so  Alice Rynd Tawes RESIDENCE OF DECEDENT		Home			crisfield Somerse									
FUNERAL DIRECTOR	-	erset		10c. CIT		OR LOCAT	sfield					10d. INSIDE CI LIMITS? t YES 2			
IERAL	100. STREET AND NUMBER 26584 Mariners	s Road			T	101	ZIP CODE	317		10g. CIT		WHAT COUNTRY	7		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 N	MED IO	13.	If yes, spe	ecify Cuban,	Ify Cuban, Mexican, Puerto Rican, etc.)					dian,		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Grade 6	USUAL OCCUPATION work done during most of working se retired.)  Maker  16b. KIND OF BUSINESS/INDUST						"White							
BE CON	17. FATHER'S NAME (First, Middle, Last) Theodore Cox	Theodore Cox							18. MOTHER'S NAME (First, Middle, Meiden Surname)  Sarah Frances Ward  3 (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
2	Donald L. Swift (								oute Number City or Tov risfield,		218	317			
	20s. METHOD OF DISPOSITION 1. Secretary Secret		20b. PLACE A Semetery, cree Sunny 1	ND DATE	ther place	noria	med al Par	k 7	1	cation - risfi					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Robert H. Bradshaw  22. NAME AND ADDRESS OF FACILITY  Bradshaw & Sons Funeral Hon 306 W. Main St Crisfield									me d, M	D 218	17			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate interval Between Onset and Death  Curture clerate Tlease Therefore 3											Between			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Emer UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											rst		
PHYSICIAN: MEDICAL C	DARGE II AM - 1 MM - 1 MM - 1 MM									RMED?	24b	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		I	ОТНЕ	R:	ACE OF DEAT								
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation					28c. INJI WO				Other (Specify)  Bd. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At hor c. (Specify)	me, farm, ı	street, fac	tory, office			28f. LOCATION (Street City or Town, State	and Number	or Rural F	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSII 2 MEDICAL EXAMINE											) and manner as	stated.		
TO BE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  D - 29 5 0 5  29d. DATE SIGNED (Month, Day, Year)  D - 2 9 5 0 5  39c. RAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Ann. Brief)														

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BELL

-LOSO, M.D.; MCCREADY HOSP, 32. REGISTRAT'S SIGNATURE a D'AUGLES NORDELL

CRISFIELD, MD

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4. SOCIAL SECURITY NUMBER  5. SEX 1 M 2 X F  8. AGE (In yrs. lest birthday) 1 M 2 X F  8. AGE (In yrs. lest birthday) 1 M 0 X F  8. AGE (In yrs. lest birthday) 1 M 0 X F  8. AGE (In yrs. lest birthday) 1 M 0 X MONTHS  1 MONTHS							
4. SOCIAL SECURITY NUMBER 220-01-2960 5. SEX 1 M 2 X F 8. AGE (In yrs. last birthday) 89 YRS.    Security Number   1 yea	3. TIME OF DEATH						
220-01-2960 1 M 2 X F 89 YRS. MONTHS DAYS HOURS MRN. 7/11/05	994 8:05 P M						
1711705	BIRTHPLACE (State or Foreign Country)						
	Md.						
	orcester						
RESIDENCE OF DECEDENT							
Berlin Nursing/Rehab. Center Berlin, Md. Workester Md. Worcester Snow Hill	10d. INSIDE CITY LIMITS?  1 \( \bigcap \text{ YES 2 } \bigcap \text{ NO} \)						
	10g. CITIZEN OF WHAT COUNTRY?						
10e. STREET AND NUMBER  207 Collins  1. MARITAL STATUS  1. Married 2 Married  3. Widowed 4 Divorced  109. CT12  109. CT12  109. CT12  109. CT12  109. CT12  109. CT12  109. CT12  110. ZIP CODE  110. ZIP	. A						
11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14 yes, specify Cuban, Mexican, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc.						
3X Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify:	Specify:						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDU	Black						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  To FATHER'S NAME (First, Middle, Lest)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDU life. Do NOT use retired.)  16c. Cty , Bo							
Food Service Wor. Cty, Bo	d. of Ed.						
THE INCOMMENT'S NAME (Top Chief)	Code						
Rudolph Showell 207 Collins Street, Snow H:							
20s. METHOD OF DISPOSITION  1 Disposition   20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)							
Mt. Wesley Cemetery 7/94 Snow H	ill, Md.						
Hatricia d. Almu, Dennis Fun. Home, Snow							
23. PART I. Enter the diseases, or complications that ceused tha death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart failure. List only one ceuse on each line.  Approximate interval Between							
enock, or neart tailure. List only one ceuse on each line.	Interval Between						
enock, or near tailure. List only one ceuse on each line.	Intarval Between						
enock, or near tailure. List only one ceuse on each line.	Intarval Between						
immediate Cause (Final disease or condition resulting in death)  a. Mulas tatie Caremona of reference of the consequence of the	Intarval Between						
immediate Cause (Final disease or condition resulting in death)  a. Mulas tatie Caremona of reference of the consequence of the	Interval Between						
immediate Cause (Final disease or condition resulting in death)  a. Mulas tatie Caremona of reference of the consequence of the	Intarval Between						
immediate Cause (Final disease or condition resulting in death)  a. Mulas tatie Caremona of reference of the consequence of the	Intarval Between						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  AND TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	interval Between Onest and Death 2 Mco.  15 Mco.						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Intarval Between						
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MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY PERFORMED?  The conditions contributing to death but not resulting in the underlying cause given in Part i.  Sepurite Demonstrate, advanced  1 YES 2 NO	Interval Between Onest and Death  2 1200.  Lt. 15 1200.  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE						
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY PERFORMED?  The conditions contributing to death but not resulting in the underlying cause given in Part i.  Sepurite Demonstrate, advanced  1 YES 2 NO	Interval Between Onest and Death  2 Mco.  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
MMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY PERFORMED?  The conditions contributing to death but not resulting in the underlying cause given in Part i.  Sepurite Demonstrate, advanced  1 YES 2 NO	Interval Between Onest and Death  2 Mco.  Lt. 15 Mcos.  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
WEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUEN	Interval Between Onest and Death  2 Mco.  Lt. 15 Mcos.  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Interval Between Onset and Death  2 Mco.  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Interval Between Onset and Death  2 Mco.  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Interval Between Onest and Death  2 Mco.  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Interval Between Onest and Death  2 Mco.  LLL IS Mcos.  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  SURED  Or Rural Route Number,						
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Interval Between Onset and Death Dea						
IMMEDIATE CAUSE (Final disease or condition resulting in death)   A CONSEQUENCE OF:	Interval Between Onset and Death  2 1/2/Co.  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  CURED  Or Rural Route Number,  et cause(a) and manner as stated.						
IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.	Interval Between Onset and Death Dea						
IMMEDIATE CAUSE (Final disease or condition resulting in death)   A CONSEQUENCE OF:	Interval Between Onset and Death Dea						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. F
be filed writhin 72 hours after death with the State Dept, or Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	<b>IFIC</b>	ATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	-	3. TIME OF DEA	TH
	KATHLEEN	ANN		ST	ORRS		JULY	23	9 4	5:39	AM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH		IPLACE (State or F	
1	142-44-5093	1 □ M 2 😿 F	43 YR	MON	THE DAYS	HOURS MIN.	(Month, De	/1950	Count	York	or orgin
OR	90. FACILITY NAME (If not institution, give s FALLSTON GENE	ITAL	9b. CITY, TOWN OR LOCATION OF DEATH  P.A. T. C. COLONIA  1. A. T. C. C. C. C. C. C. C. C. C. C. C. C. C.								
5	RESIDENCE OF DECEDENT										
FUNERAL DIRECTOR	Maryland 106. country	10c.	26 - 2 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -					10d, INSIDE CIT LIMITS? 1 YES 2 💢			
A	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEI			WHAT COUNTRY?		
NER	3600 My	ew Cour	Court			21111			S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	VER IN U.S. ARMED YES 2 X NO OR DATES	Specify: Specify:						0.0		
	15. DECEDENT'S EDU	CATION	18e. DECEDER	18e. DECEDENT'S USUAL OCCUPATION				D OF BUSINES		ucasia	.n
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	d of work OT use ret	done during mi ired.)	ost of working	Ba	ltimo	re Ci	tv	
COMPLETED	12	5		Te	achei					chool	
0	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				011001	
BEC	Harry	Oreste	Paco	tti		Conce		Ma		DiMatt	ina
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADD	RESS (Street	and Number or Rural i					
F	Robert S. St	orrs		8	ane a	as #10					
	20a METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Rem		20b. PLACE AND DA			ame of	DATE	20c. LOCATIO	N — City or To	wn, State	
	4 Donation 5 Other (Specify)	Oval from State	Highvi	eW	Ceme 1	erv	7/27	Fall	ston.	Maryl	and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11.		22. NAME A	nd address of fa	CILITY				
	1. Alexi	der /w	No sur		Ja	rretts	ville	. Mar	vland		
	23. PART I. Enter the diseases, or of shock, or heart failure.	complications that co	ansed the death. I	Do not e	entar tha mo	de of dying, suc	h as cardlac	or respirator	y arrest,	Approxim	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  Onset and Death										
	disesse or condition resulting in death) a. Fally Liver										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sagurablette, liet and distance (b.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediats  DUE TO (OR AS A CONSEQUENCE OF):										
0	csuse, Enter UNDERLYING CAUSE (Disease or Injury										
Ë	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENC	E OF).							
5	d.										
	PART II. Other significant condition	s contributing to de	ath but not resulti	ng In th	a underlyin	g cause given in	Part I. 24s	. WAS AN AUTO	PSY 24b	. WERE AUTOPSY F	INDINGS
DICAL								PERFORMED:		AVAILABLE PRIOR	
입							- 17	YES 2 N	ю	OF DEATH?	
: ME	DID TORACCO LICE	CONTRIBUTE	TO CALICE	OF F	EATH !	VEC E NO		`		1 YES 2	NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
PHYSICIAN:	EXAMINER?	HOSPITAL:			HER:						
₹	XX YES 2 NO  27. MANNER OF DEATH	1 Inpatient XX				e 5 🗆 Residence					
	Natural 5 Pending	28e. DATE OF INJ (Month, Day,		TIME OF	W	URY AT DRK?	28d. DEŞCRII	BE HOW INJUR	Y OCCURED		
B	2 Accident Investigation	00 - D: 405 05 II	I II I II I	M 1 YES 2 NO							
COMPLETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)					•	28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
۳	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the hard of the housed doth account of the life.										
R	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated.  2 XMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner se stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)										
닒	Third	11-1.	. \			O.C.M				24, 1994	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CARGE	DE DEATH STEM OF	Tena C-1	1	5.5.m			CONT	~~, ±>>'	1
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	31 DATE FILED (Month Day Wheel	32. REGISTRAR'S			,	CATCHIO	_ C, M	чтута.	11U ZI	201	
	31. DATE FILED (Month, Day, Year) JUL 25 199	4 Julia St	velor Rando	Щ							

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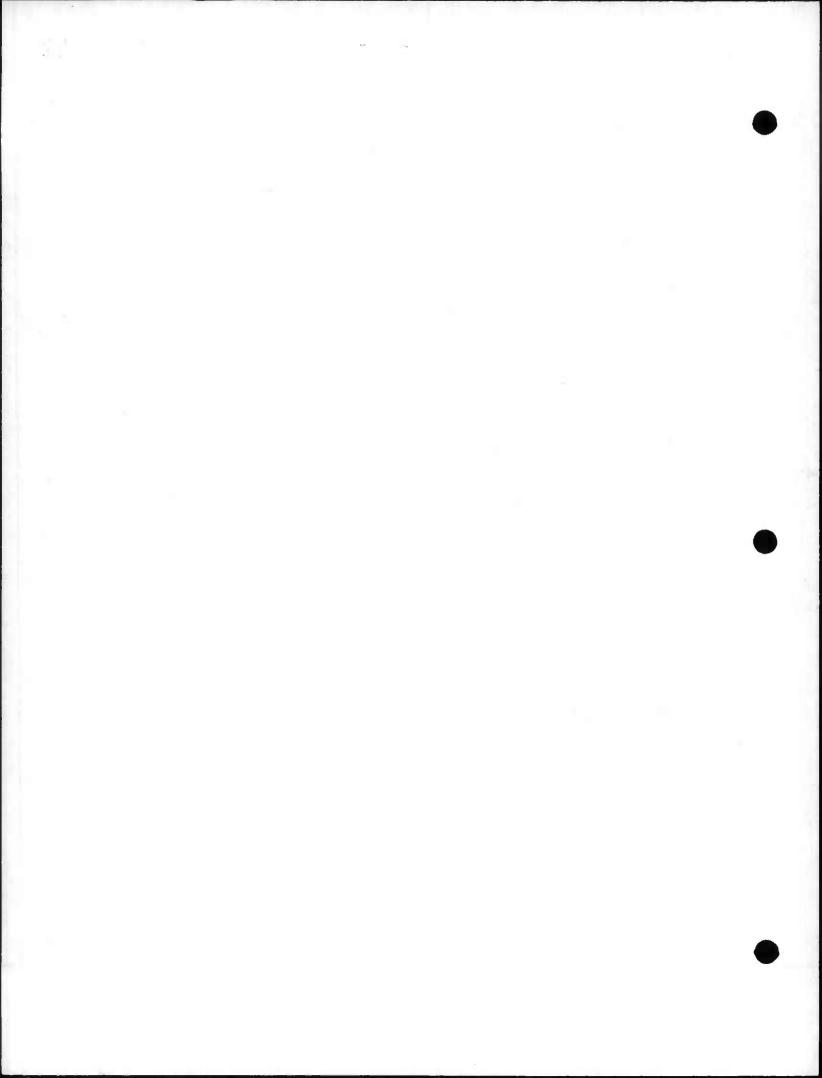
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require	been sign	shows
The law	te has t	em 23
SICIAN	certifica	I, or its
IG PHY	ter this ath with	marked
TENDIA	after de	28 is i
1400	E N	-
L 08	- DIR	Hen
HOSPITAL OR	UNERAL DIR	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death, Page 6 may be retained by the hospital or attending physician. To THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf point. Pages 1. 3 should be detached for use as the burial-transf point. Bages 1. 3 should be detached for use as the burial-transf point.

	g 4 g		-	•		94	22842	
	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest)	JAM		SEXTON	2. DATE OF DEATH		2. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	4			7 22	94		
N.	231-24-3814	1 1		F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	Se. FACILITY NAME (If not inetitution, give a			9b. CITY, TOWN OR LOCATION OF D	March 9,	1929	Virginia OF DEATN	
8	University of Maryland Shock Trauma Baltimore City							
E	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY			TOWN OR LOCATION			10d. INSIDE CITY	
L DIRECTOR	Maryland 100. STREET AND NUMBER	Harford	1000 0111,	Belcamp		1 Tes 2 No		
FUNERAL	1310 Stockett Squ		101. ZIP CODE 21017	Ü	OF WHAT COUNTRY?			
	11. MARITAL STATUS  1 Never Merried 2 A Merried	12. WAS DECEDENT EVER FORCES? 1 X YE	S 2 NO	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic	en, Puerto Rican, atc.)	e or No— 14.	RACE — American Indien, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	WII	1 TYES 2 X NO Speci	ffy:		specily: white	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S L	SUAL OCCUPATION	18b. KIND OF BU	SINESS/INDUST		
9	Elementary/Secondary (0-12)	College (1-4 or 6+)		rk done during most of working retired.)				
COMPLETED	12 17. FATHER'S NAME (First, Middle, Leet)		CIVILIA	in Gunner	U.S. Go		ent	
	James Arthur S	exton			be Ordelia			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	DDRESS (Street and Number or Rural		- A	io)	
F	Mary A. Sexton		1310 8	Stockett Square	, Belcamp,	Md. 2	1017	
	20s. METHOD OF DISPOSITION  1							
	21. SIONATURE OF TUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF F	ACILITY			
	Steple 1	Musels		Howard K. Mo				
	23. PART (. Enter the diseases, or complications that caused the deeth, Do not enter the mode of dying, such se cerdisc or respiratory erreat, shock, or heart failure. List pnly one cause on each line.							
	IMMEDIATE CAUSE (Final disease or condition							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CLOSED HERD TWMMA  DUE TO (OR AS A CONSEQUENCE OF):							
,	- MOTER VELLICE COOSH O MORE							
	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
TIO	if any, leading to immediate	DUE TO (OR AL	A CONSEQUENCE OF)		A NORONO			
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С		4)	WE NO PROMI			
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	С	B A CONSEQUENCE OF)  B A CONSEQUENCE DF)	, rithre	West Parketing			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	B A CONSEQUENCE DF)		A PROPERTY OF A PARTY			
0	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	B A CONSEQUENCE DF)	the underlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE	
0	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	B A CONSEQUENCE DF)	the underlying cause given in	Part I. 24a. WAS AN	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  d.  COLON  A OTHER	B A CONSEQUENCE DF)  but not resulting in	the underlying cause given in	Pert I. 24a. WAS AN PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE (25. WAS CASE REFERRED TO MEDICAL EXAMMER?	DUE TO (OR AS	but not resulting in	the underlying cause given in the un	1 Part I. 24a. WAS AN PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE (  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1   YES 2   NO	DUE TO (OR AS	but not resulting in  CAUSE OF	DEATH YES NO 28. PLACE OF DEATH (COTHER:	Part I. 24a. WAS AN PERFO 1 U YES :	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  PART II. Other aignificant condition  DID TOBACCO USE (  28. WAS CASE REFERRED TO MEDICAL EXAMNER?  1 YES 2 NO  27. MANNER OF DEATN  1 Ngiural 6 Pending	DUE TO (OR AS  d	but not resulting in  CAUSE OF  utpatient 2 DOA  286. Time	DEATH YES NO  28. PLACE OF DEATH (COTHER:   Nursing Name 6 Residence OF 28c. INJURY AT WORK?	Part I. 24a. WAS AN PERFO 1   YES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 6 Pending Investigation	DUE TO (OR AS  d	but not resulting in  CAUSE OF  Utpetient 2 DOA  Y  28b, TIME INJU  RY — At home, farm, str.	DEATH YES NO  28. PLACE OF DEATH (COTHER: 16   Nursing Nome 6   Residence OF 28c. INJURY AT WORK? 1   YES 2   NO	Part I. 24a. WAS AN PERFO 1 - YES :  D	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE (  25. WAS CASE REFERRED TO MEDICAL EXAMNER?  1   YES 2   NO  27. MANNER OF DEATN  1   Natural 6   Pending Investigation	DUE TO (OR AS  d	but not resulting in  CAUSE OF  Utpetient 2 DOA  Y  28b, TIME INJU  RY — At home, farm, str.	DEATH YES NO  28. PLACE OF DEATH (COTHER: 16   Nursing Nome 6   Residence OF 28c. INJURY AT WORK? 1   YES 2   NO	Part I. 24a. WAS AN PERFO 1 YES :  Dipheck only one)  6 Other (Specify)  28d. DESCRIBE NOW	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE (  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1  YES 2  NO  27. MANNER OF DEATN  1  Natural 6  Pending Investigation 3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS  d	D CAUSE OF  Utpatient 2 DOA  Y 28b. Time Y 2 RY — At home, farm, stopedfy)  Develope, death occurred	The underlying cause given in the un	Part I. 24a. WAS AN PERFO  1 YES:  Doctor (Specify)  28d. DESCRIBE NOW  City or Town, State  a to the cause(e) and ma	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO  ED  COMPLET NO  ED  AND COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO	
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  PART II. Other aignificant condition  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 Ves 2 NO  27. MANNER OF DEATN  1 Ngrural 6 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) MEDICAL EXAMINE	DUE TO (OR AS  d	D CAUSE OF  Utpatient 2 DOA  Y 28b. Time Y 2 RY — At home, farm, stopedfy)  Develope, death occurred	DEATH YES NO  28. PLACE OF DEATH (COTHER:  Nursing Nome 6 Residence OF 28c. INJURY AT WORK?  1 YES 2 NO  rest, fectory, office	Part I. 24a. WAS AN PERFO  1 YES:  Doctor (Specify)  28d. DESCRIBE NOW  City or Town, State  a to the cause(e) and ma	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO  ED  COMPLET NO  ED  AND COMPLETION OF CAUSE OF DEATHY  1  YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE (  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1  YES 2  NO  27. MANNER OF DEATN  1  Natural 6  Pending Investigation 3  Suicide 6  Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS  d	D CAUSE OF  Utpatient 2 DOA  Y 28b. Time Y 2 RY — At home, farm, stopedfy)  Develope, death occurred	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying as a second of the underlying and underlying the underlying as a second of the un	Part I. 24a. WAS AN PERFO  1 YES:  Deck only one)  6 Other (Specify)  28d. DESCRIBE NOW  ATTOR  City or Town, State  a to the cause(e) and may be time, date and place, at time.	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY  1 YES 2 NO  ED  CONTROL NUMBER  Aural Route Number,  use(e) and manner as stated.	
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 VES 2 NO  27. MANNER OF DEATN  1 Ngfural 6 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  MEDICAL EXAMMER  29b. SIONATURE AND TITLE OF CERTIFIER	DUE TO (OR AS  d	but not resulting in  CAUSE OF  Utpatient 2 DOA  Y  28b, TIME INJU  RY — At home, farm, streedly)  Develodge, death occurred tion end/or investigation	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying the un	24a. WAS AN PERFO  1 YES:  O Cher (Specify)  28d. DESCRIBE NOW  ACTOR  28f. LOCATION (Street City or Town, State)  a to the cause(e) end ma a time, date and place, at	INJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  ED  CYCKLA  Aural Route Number,  use(e) and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE (  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1	DUE TO (OR AS  d	DEATN (ITEM 27) (Type, I	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying the un	24a. WAS AN PERFO  1 YES:  Other (Specify)  28d. DESCRIBE NOW  City or Town, State  a to the cause(e) end ma a time, data and place, at	INJURY OCCURI  OF A CONTROL OF	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  Aural Route Number,  use(e) and manner se stated.  GNED (Month, Day, Year)  7 2 2 9	
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE (  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1	DUE TO (OR AS  d	DEATN (ITEM 27) (Type, I	The underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying the un	Part I. 24a. WAS AN PERFO  1 YES:  Deck only one)  6 Other (Specify)  28d. DESCRIBE NOW  ATTOR  City or Town, State  a to the cause(e) and may be time, date and place, at time.	INJURY OCCURI  OF A CONTROL OF	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  ED  For a control of cause of Death?  For a control of cause of Death?  For a control of cause of Death?  For a control of cause of Cause of Cause of Death?  For a control of Cause of	



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THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within and use for death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit of filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

31. DATE FILED (Month, Day, Year)

JUL 2 2

3 REGISTRAN'S SIGNATURE

1994

helia Ezirdson-Randalle

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

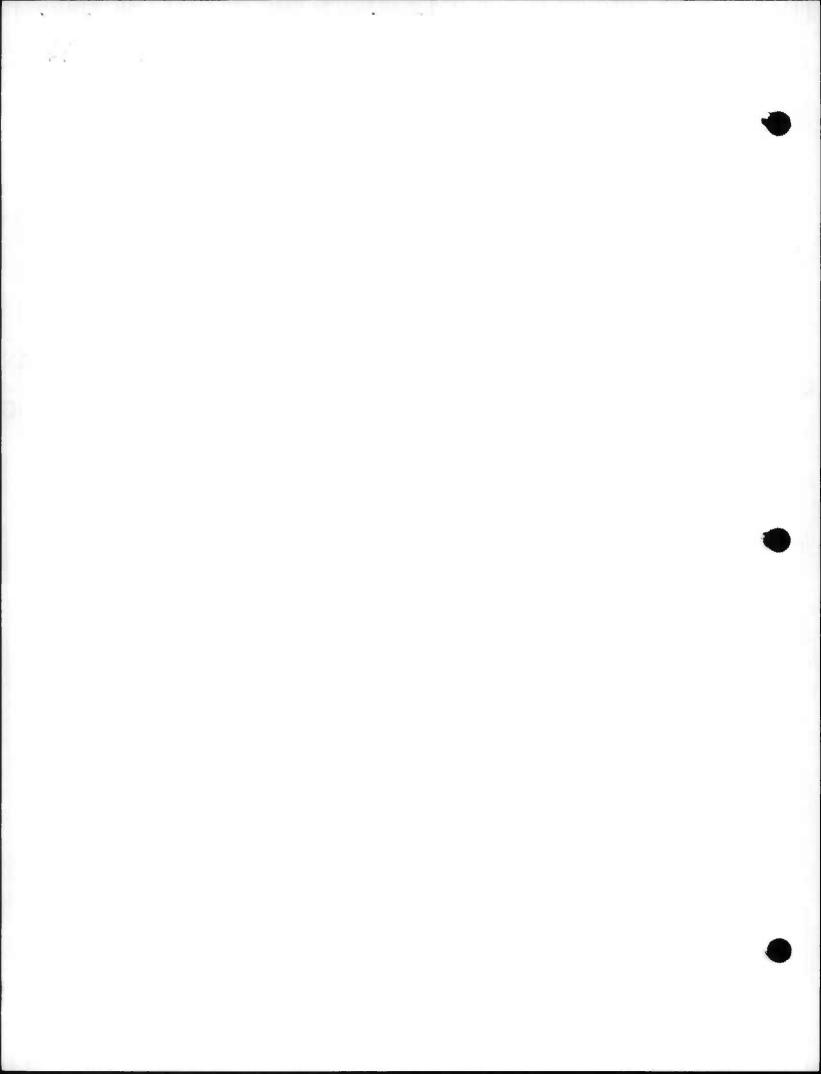
1

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARY			F DEATH		NTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)		nith				DATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 229 38 1218	1	GE (In yrs. last birthday) 64 YRS.	IF UNDER 1 YEA		191.	OATE OF BIRTY (Month, Day, Year) CT 18,19	29	a. BIRTHP Country) Virg	
H	9a. FACILITY NAME (If not institution, give : Prince George Ho	,	er	96. CITY, TOW	n or Location o		01 10,17	9c. COUN	TY OF DE	
5	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNT									
DIRECTOR	NA NA	<u> </u>		shingto	n, D.C.				- 1	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
HAL	100. STREET AND NUMBER  1140 North Capi	tol Street.	N.W. #804		20002			_		tates
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes,		lexican, Pu	RIGIN? (Specify Yearlo Rican, etc.)		14. RACE	- American Indian, White, atc.
D BY	3 X Widowed 4 Divorced  15. DECEDENT'S EDU	ICATION	14. DECEDENTIO		28				Blac	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)		vork done during e retired.)	most of working		16b. KIND OF BUS		USTRY	
OMP	17. FATHER'S NAME (First, Middle, Last)		Domesti	c work	18. MOTHER	S NAME /	Cleani			
BE C	NURNIE BLUNT				ADDII			Surriemey		
인	19e. INFORMANT'S NAME (Type/Print)	(2.1101122)					Number, City or Tow			
	SUSIE BLUNT 200. METHOD OF DISPOSITION	(DAUGHTER)	219 5			21 Wa	oATE 200. LO	n,D.C		
	t. Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	noval from Stata	cemetery, crematory or of Glenwood	her plece)		j	7/22 Wasi		-	
	21. SIGNATURE OF FUNERAL SERVICE LI	Re J	M859	22. NAME AL	AND ADDRESS O	S. I	Y POPE FUNI	ERAL	HOMES	
	23. PART I. Enter the diseases, or	complications that cau	sed the deeth. Do n	ot enter the	mode of dyling,	such an	cerdiac or reapi	ratory arm	eat,	Approximate
									Interval Between Onset and Death	
		DUE TO (ON A	S A CONSEQUENCE OF	7):					/	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C DUE TO (OR A	S A CONSEQUENCE OF	7):						
ERT	resulting in deeth) LAST	d								
CAL C	PART II. Other algnificent condition	na contributing to deeti	but not resulting i	n the underly	ing ceuse give	n in Part	I. 24s. WAS AN			WERE AUTOPSY FINDINGS
EDIC							1 TYES 2		1	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: M	DID TOBACCO USE	CONTRIBUTE TO	O CAUSE OF	DEATH	YES?	NO [	٦		1	1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:		26	PLACE OF DEATH		nly one)			
IXSI	1 YES 2 NO	1 Inpetient 2 SER/O			ome 5 🗆 Raside	_				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	r) INJ	28b. TIME OF   28c. INJURY AT   28   WORK7   1   YES 2   NO			I. DEŞCRIBE HOW I	NJURY OCC	UREO		
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJU building, etc. (S	JRY — At home, term, s specify)	treet, tactory, o	ffica	281	. LOCATION (Street a City or Town, State)	and Number	or Rural Ro	ute Number,
COMPLETE		SICIAN: To the best of my kn ER: On the beels of axamins								and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTERS	odique.	M		age. LICENSE	NUMBER	9	26 DATE	SIGNED	Month, Day, Year) 1994
5	30. NAME AND ADDRESS OF PERSON WITH			Print) D.	Lucas	1/1	S S	11	7	016

1		-	STATE REGISTRA
г	7	_	COCDONITIO N

	1 - STATE REGISTRAR		CERTIF	ICATE (	OF DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		SCA	+4B	ACH	2. DATE OF DEAT MONTH JULY	14 190	74 L	ME OF DEATH
	354-24-1774	12 M 2 □ F	n yrs. leet birthday) 86 YRS.		YS HOURS MIN.	7. DATE OF BIRTY (Month, Dey, Ye April 20	ő, 1908	Country) Texas	CE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give stree 6129 Landover Road RESIDENCE OF DECEDENT			Cheve	wn or location of di 11y	EATH	3 4 4,5,5	ce Ge	orge's
DIRECTOR	10e, STATE 10b, COUNTY	George's		y, town on L	OCATION				INSIDE CITY LIMITS? YES 2 X NO
COMPLETED BY FUNERAL I	100. STREET AND NUMBER 6129 Landover Road				10f. ZIP CODE 20785		10g. CITIZ	EN OF WHAT	
		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If ye	DECENDENT OF HISPA s, specify Cuben, Mexico YES 2 X NO Specifi	an, Puerto Rican, et	fy Yea or No-	14. RACE — / Black, Wh Specify:	American Indian, ita, atc.  White
	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondary (0-12) Unknown	TION  Impleted)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during the retired.)	PATION g most of working		ed Nati		
NO.	17. FATHER'S NAME (First, Middle, Last)		псонош	196	18. MOTHER'S NA	AME (First, Middle, M		OHS	
BE C	(Unknown)				(Unkno	wn)			
10	19e. INFORMANT'S NAME (Type/Print)				reet end Number or Rural				
	Hazel Buchner	200			43rd Stree		Texas		State
	1 Buriel 2 X Cremation 3 Remove	al from State	other piecel		ematory 7/				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		o-opo-e	22. NA	ME AND ADDRESS OF FA	S Sons	Funeral	Home	, P.A.
	23. PART I. Enter the disesses, or cor	molications that causes	the desth. Do		9 Baltimor				MD 20/81 Approximata
	ahock, or heert failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death) e.	arteri	ech line.	rola		1			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Diseas								
ERTIF	thet initiated evente resulting in death) LAST	DUE TO (DR AS A	CONSEDUENCE (	OF):					
DICAL C	PART II. Other eignificant conditione	contributing to death b	out not reaulting	in the unda	rlying ceuse given in	P	AS AN AUTOPSY ERFORMED?	CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MED									YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		·	26. PLACE OF DEATH (C	heck only one)			
YSI	1 YES 2 NO	28a. DATE OF INJURY			Home 5 Residence				
ву рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		M .	c. INJURY AT WORK?  I YES 2 NO		HOW INJURY OCC			
0	3 Suicide 6 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.	AN: To the best of my know On the basic of examination							d manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	cle, mi			29c, LICENSE NU	7 9	29d. Oart	ly 1	4 1994
1	SI HAME AND ADDRESS GENEROLYWHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (7)12		FTON DI	2, LA	260,1	Di	0772
1	31. DATE FILED (Month, Day, Year)  JUL 2 0 1994	32. REDISTRANTS SIGN	don-Rand	مالا		/			



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physicians,	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit pagnin. be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to bunial, cremation, or removal.	isit permit
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	2750

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	1 🔀 M 2 🗆 F	yrs. leel birthday) 60 YRS.		IF UNDER 24 HRS. HOURS MIN.	PREG.  2. DATE OF DEAT MONTH  7. DATE OF BIRTY (Month, Day, 1/2 APRIL	H DAY	PIRTHPI AC	IME OF DEATH
247-48-4870  86. FACILITY NAME (If not institution, give str  HOLY CROSS FRESIDENCE OF DECEDENT  106. STATE 10b. COUNTY  MARYLAND MON  106. STREET AND NUMBER  8717 LEONA  11. MARITAL STATUS  1 Never Married 2 M Married	1 X M 2 F F rest and number) HOSPITAL	60 YRS.	9b. CITY, TOWN	HOURS MIN.	7. DATE OF BIRTH		BIRTHPLAC	E (State or Foreign
HOLY CROSS FRESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY MON  10e. STREET AND NUMBER  8717 LEONA  11. MARITAL STATUS  1 Never Married 2 Married	OSPITAL					,1934s	OUTH	CAROLIN
10e. STATE MARYLAND MON  10e. STREET AND NUMBER  8717 LEONA  11. MARITAL STATUS  1 Never Married 2 Married	TGOMERY	10c. CITY,	OLUV	OR LOCATION OF DI			VTGOM	IERY
8717 LEONA  11. MARITAL STATUS 1 Never Married 2 M Married			TOWN OR LOCA		RING		1	INSIDE CITY LIMITS?  YES 2 NO
11. MARITAL STATUS 1 Nover Married 2 Married	RD DRIVE		10	t. ZIP CODE	10		EN OF WHAT	COUNTRY?
	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If you, at	CENDENT OF HISPAN beelfy Cuban, Maxica B 2 NO Specifi	in, Puerto Rican, etc		Black, Whi	merican Indian, ita, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8th	ATION completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during me	ost of working	18b. KIND O	BUSINESS/INDU		
17. FATHER'S NAME (First, Middle, Leal) ELIJAH	s	TINNEY		18. MOTHER'S NA	ME (First, Middle, Mi	siden Surname)	CLO	VER
19a. INFORMANT'S NAME (Type/Print)  ROSEVELT ING	RAM			and Number or Rural D Dr. S			,	20910
20e_METHOD OF DISPOSITION 1 (X Burlet 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State 20b.I	PLACE AND DATE OF	FDISPOSITION (N	ame of AL PARK	23 04	c. LOCATION — CI	ty or Town, 8	State
21. SIGNATURE OF FUNERAL SERVICE LICE	Alrich Oa	0	TAYL	ND ADDRESS OF FA	UNERAL	SERVI	CE	
23. PART 1. Enter the diseases, or contained the second time. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	lat only one cause on as	a rdi	0 00	oda of dying, auc				Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other algolificent conditions	contributing to death bu	t not resulting in	tha underlyin	g cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	COM OF C	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
27. MANNER OF DEATH  1 Netural 5 Pending	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 25a. DATE OF INJURY (Month, Day, Year) INJURY					OW INJURY OCCU	IRED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	25s. PLACE OF INJURY - building, etc. (Specif	— At home, farm, st		YES 2 NO	28f. LOCATION (S City or Town,	treet and Number of State)	r Rural Route	Number,
and to a	ZIAN: To the best of my knowle							manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Sarlen		>	29c. LICENSE NUI			SIGNED (Mon	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAL WAS DAVIDSON-PAR	TURE	218	60 5	cons in	J AC	× 2	Soults

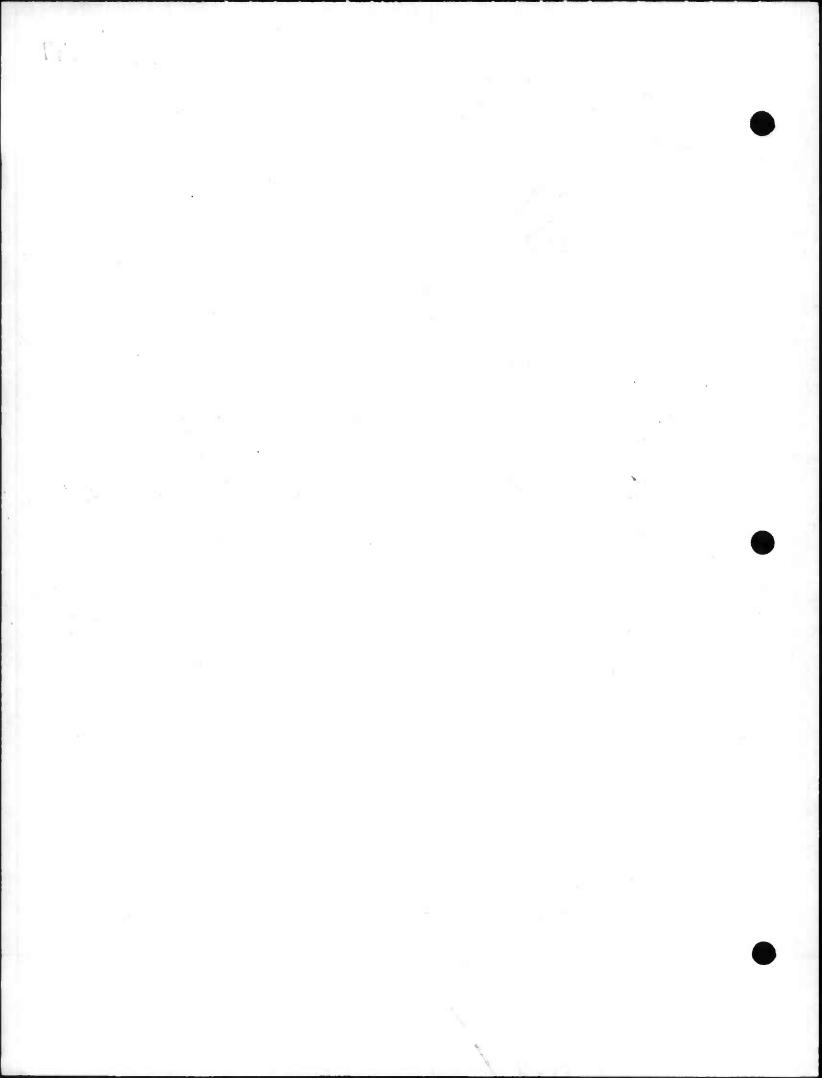
BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	ie has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran
21215	il or aften	for use as
AND	the hospita	detached
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TIMO	ith. Page 6	neral direct
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P.O. E	th certifica	ending phy
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TAL RECORDS, P.O. BOX 68760,	equires th	peu signed
AL F	The law I	e has be

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOSALLE GILL SASCER  ** COCUS SCIENTIFICATION TO BE A SECTION OF THE STATE OF THE S		REGISTRAR		CERTIF	ICATE	OF DEATH	REG. I			
BOOLS SCOURTY HUMBER   S. SEC.   S. DEC (Fay In M. In Principle)   S. WINCH   S. DEC (Fay In M. In Principle)   S. WINCH   S. DEC (Fay In M. In Principle)   S. WINCH   S. DEC (Fay In M. In Principle)   S. WINCH   S. DEC (Fay In M. In Principle)   S. DEC (Fay In M. In M. In Principle)   S. DEC (Fay In M. In M. In Principle)   S. DEC (Fay In M. In M. In Principle)   S. DEC (Fay In M.		1. DECEDENT'S NAME (First, Middle, Last)		SASSCE	R				3. TIME OF DEATH	
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TO Secretary Education (2.1)  Secretary Educatio	FU		FORCES? 1	YES 2 NO	13. WA	S DECENDENT OF HISP. es, specify Cuban, Maxi-	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yes or No 14	I. RACE — American Indian Black, White, etc.	
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Home Maker    Figure   Make (Part, Modos, Lata)   The Machine   Maker   Machine   Maker   Machine   Maker   Machine   Maker   Machine   Maker   Machine   Ma	E	(Specify only highest gree	le completed)	(Give kind of	work done dur	ing most of working	100. KIND OF	BUSINESS/INDUS	ores.	
Section   Maylan DWAI	7	Elementary/Secondary (0-12)	College (1-4 or 8+)				Ow	m Home		
Section   Maylan DWAI	MC	17. FATHER'S NAME (First, Middle, Last)		Tionic	LAUICA					
Thomas V . Clagett   Thomas V . Clasett   Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . Thomas V . T	_	The Constitution of the same	obsen							
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TO DOT THE STATE CONSTITUTION OF DISPOSITION State CONTROL STATE OF THE STATE OF TH	5	The second secon	++							
Surface 2 Normation 3 Chemored from State   Capability Companies										
22. NAME AND ADDRESS OF PROLITYIZED FUNETAL HOME INC. of the State See, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  MMEDIATE CAUSE (Final disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  MMEDIATE CAUSE (Final disease or condition.  B. ALE PIRATORY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  POUR TO (OR AS A CONSEQUENCE OF):  POUR TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):		1 Buriel 2 Cremation 3 Res	novel from State	cemetery, crematory or	other place)	July 13.10				
23. PART I. Enter the disables, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    MAMEDIATE CAUSE (Final List only one cause on each line.			IÇENSEE )	The crain						
23. PART I. Enter the difficience, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lins.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTVING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FREE CONSEQUENCE OF):  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FREE CONSEQUENCE OF):  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FREE CONSECUENCE OF):  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FREE CONSECUENCE OF):  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FREE CONSECUENCE OF):  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FREE CONSECUENCE OF):  1   YES 2   NO		11./////								
MMEDIATE CAUSE (Final disease or condition resulting in death)  a.		100 1/1 91 av (2								
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  246. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO  26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Inspetient 2 ER/Outpetient 3 DOA 4 Nursing Home A Realdence 8 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 4 Nursing Home A Realdence 8 Other (Specify)  28. DATE OF HULIPTY AT WORK. 1 VES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF HULIPTY — At home, farm, street, factory, office  28. LOCATION (Street and Number or Rural Rouns Number, City or Rown, Stells)  296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  296. SIGNATURE AND TITLE OF CERTIFIER  297. LOCATION, Dev. Year)  298. SIGNATURE AND TITLE OF CERTIFIER  298. SIGNATURE AND TITLE OF CERTIFIER  299. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O  B. PROBA  DUE TO (O  META	R AS A CONSEQUENCE OF AS A CONSEQUENCE OF A TATIC	officavely corps CANCE	ce of t	OULMONAR	y Emb	DUST	
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Accident   Investigation   Investigation   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   3   Suited   3   Suited   3   Suited   3   Suited   3   Suited   4   Homicide   3   Suited   4   Homicide   3   Suited   4   Homicide   3   Suited   4   Homicide   4   Homicide   5   Suited   5	CIA		HOSPITAL		0711==	28. PLACE OF DEATH (	Check only one)			
Accident   Investigation   Investigation   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   2   Accident   Suited   3   Suited   3   Suited   3   Suited   3   Suited   3   Suited   4   Homicide   3   Suited   4   Homicide   3   Suited   4   Homicide   3   Suited   4   Homicide   4   Homicide   5   Suited   5	YSI			R/Outpatient 3 DOA		g Home 5 Rasidence	e 8 - Other (Specify)			
28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, Stele) 28f. LOCATION (Street and Number or Rural		1 Netural 5 Pending			IJURY	WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED	
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Fraser - C. Henders w MD. Schtus Farm, 6705 S. Osborne Ld. Hype May Due  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  29d. DATE SIGNED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  29d. DATE SIGNED (Month, Day, Year)		3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At home, farm, .: (Specify)			281. LOCATION (Str.	eet and Number or	Rural Route Number,	
296. SIGNATURE AND TITLE OF CERTIFIER  296. DATE SIGNED (Month, Dey, Men)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Fraser C. Wenders un MD. Solitude Farm, 6705 S. Osborne Rd. Upper May Devo  31. DATE FILED (Month, Dey, Mey)  32. REGISTRAR'S SIGNATURE D. 1.00	ETE	4 Homicide datarmined					Only or lown, St	/		
296. SIGNATURE AND TITLE OF CERTIFIER  296. DATE SIGNED (Month, Dey, Men)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Fraser C. Wenders un MD. Solitude Farm, 6705 S. Osborne Rd. Upper May Devo  31. DATE FILED (Month, Dey, Mey)  32. REGISTRAR'S SIGNATURE D. 1.00	PE		SICIAN: To the best of my	y knowledge, death occur	red at the time	e, data and place, and d	ue to the cause(s) and	manner as stated		
296. SIGNATURE AND TITLE OF CERTIFIER  296. DATE SIGNED (Month, Dey, Men)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  Fraser C. Wenders un MD. Solitude Farm, 6705 S. Osborne Rd. Upper May Devo  31. DATE FILED (Month, Dey, Mey)  32. REGISTRAR'S SIGNATURE D. 1.00	M	and and								
9 Graw Charder 1 1 27 (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Fraser C. Wenders in MD. Solitude Farm, 6705 S. Osborne Rd. Upper Maribus 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE D. 1.00										
Fraser C. Henders un MD. Solitude Farm, 6705 S. Osborne Rd. Upper Marlburo  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE D. 1.00	0	Gener 1	Hender -			1 1 41	4416	DATE S	12/00	
Fraser C. Henders un MD, Solitude Farm, 6705 S. Usborne Rd, Upper Marbus  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SHONATURE D. L. M.	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Total	e. Print)	117	- // 10	/	1 2	
31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE 7	)	Fraser C Wonders	n ms 6	litide Far		DS S. Och	orne ld	Uppy	Marlbur	
JUL 1 9 1994 June Carreson-Mandale 2077		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE SO	1 00	. 32	1	1/100		

1	-	STATE REGISTRA
i	1, D	ECEOENT'S N
		OT CA

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO	).			
	DECEOENT'S NAME (First, Middle, Last)     OLGA SALAS					2. DATE OF DEATH	DAY YEAR	3. TIME OF OEATH		
						July 13,	1994	6:50 A M		
	00- 64 0404		(In yrs. lest birthday) 78 YRS.	IF UNDER 1 YEA		April 9,	1916 La	THPLACE (State or Foreign nitry) Paz, Bolivia		
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOW	N OR LOCATION OF		9c. COUNTY OF			
CTOR	Surburban Hospital	L		Beth	esda		Montgo	mery		
DIRECTOR	Maryland 10b. COUNTY Montg	omery	10c. CIT RC	CKVILL	CATION			10d. INSIDE CITY LIMITS? 1X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2311 Pinneberg Av	enue			101. ZIP CODE 20851		U.S.A	WHAT COUNTRY?		
ΒY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes,		INIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bla	CE — American Indian, ick, White, atc.		
8	15. DECEDENT'S EDUCAT		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	ISINESS/INDUSTRY			
COMPLETED	(Specify only highest grade co	College (1-4 or 5 +)	life. Do NOT u	work done during se retired.) IEMAKET	most of working					
COM	17. FATHER'S NAME (First, Middle, Lest) Angel Salas					AME (First, Middle, Malder Cristan	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)		405 1400 000	40000000000						
은	Luis A. Salas		2311	Pinneb	erg Avenu	Route Number, City or Tove, Rockvil	.le, MD 2	20851		
	20a. METHOD OF DISPOSITION  1 XBurlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State Co	ometery, cremetory or o	ther plecel		PK. 7/14/94	Annadal			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	/ reasant	22. NAME	AND ADDRESS OF F	ACILITY		e, VA		
	· Stohand	4 una	h			uneral Homes Road, La		20706		
	23. PART / Enter the disesses, or corshock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	advanced	bladder	carcin		ch aa cardiac or reap	olratory arrest,	Approximata Interval Between Onset and Death 18 MOS.		
ATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disesse or injury that initiated eventa resulting in death) LAST									
EDICAL	PART II. Other significent conditions Congestive He	contributing to deeth	but not resulting	in the underly	ing ceuse given in	Part I. 24s. WAS AF PERFO	RMED?	IND. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ä										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only one)				
PHYSICIAN: M		I Inpatient 2 ER/Ou		4 - Nursing h	ome 5 - Residence					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
- 6	- Contract						Street and Number or Rural Route Number, State)			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIGNE	ED (Month, Day, Year)		
TO BE	Mulos Pruggo, m				D23	308	▶ 07	/13/94		
	30. NAME AND ADDRESS OF PERSON WHO Victor M. Priego,				ke, Roc	kville, MD	20852			
	31. DATE FILED (Month, Day, Year)  JUL 1 8 1994	32. REGISTRAR'S SIG	NATURE Randa	02						



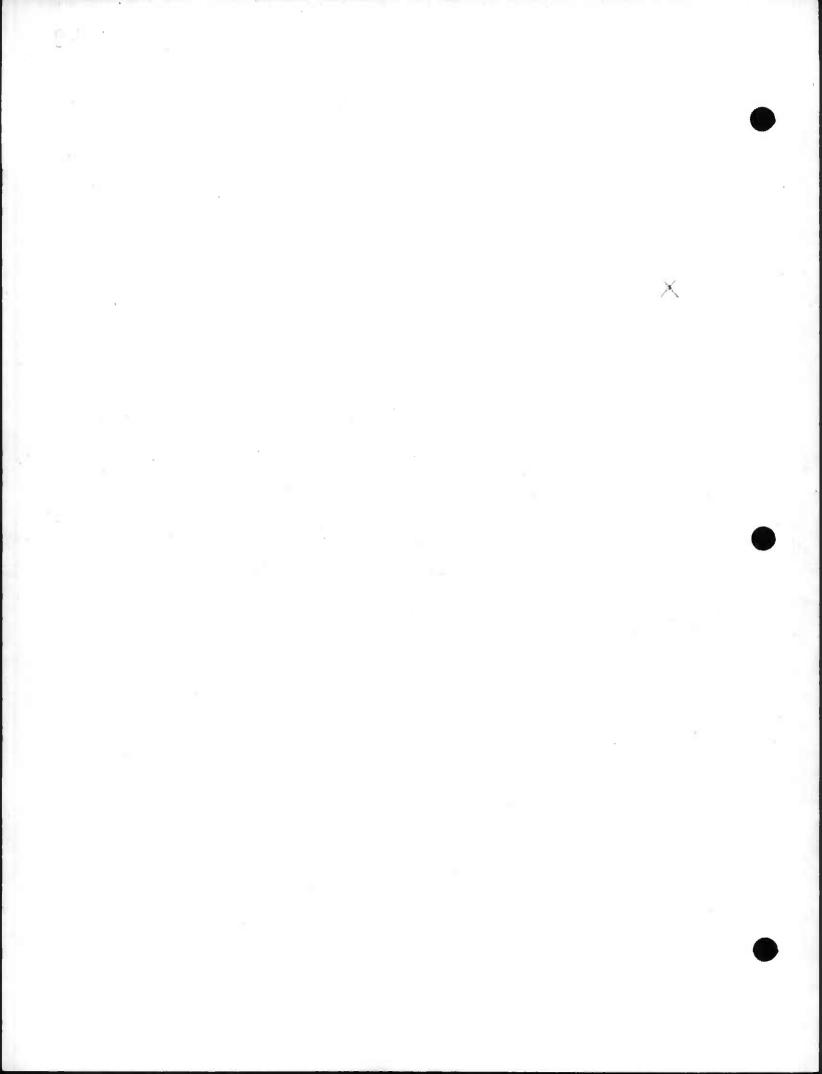
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with not after the death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 5 should be detached for use as the burial-transit permit. Pa
De hied within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremption, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICA	TE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN		3. TIME OF DEATH					
	Nancy, Suber		JULU 9	1994	650pm "					
	Market and the second of the s	INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTYN		LACE (State or Foreign					
	249831125 1 M 2 0 F 34 YRS. MONT	THS DAYS HOURS MIN.	(Month, Day, Year)	Gountry)	tanburg,SC					
	9e. FACILITY NAME (If not institution, give street and number) 9b.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DE						
DIRECTOR		ethesoa		montgon Count	nary					
E C		WN OR LOCATION		<u> </u>	10d. INSIDE CITY					
	DC N/A Wasi	hington			LIMITS?					
FUNERAL	10e. STREET AND NUMBER 4221 22nd St NE	101. ZIP CODE 20018		10g. CITIZEN OF WHUSA	IAT COUNTRY?					
BY FUN	12. WAS DECEOENT EVER IN U.S. ARMED 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 FYES, GIVE WAR OR DATES	13. WAS OECENDENT OF NISPAN If yes, specify Cubsn, Mexicar 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	Black.	- American Indian, White, atc.					
				E	lack					
COMPLETED		lone during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY						
ا ۳	Elementary/Secondary (0-12) College (1-4 or 5+) Waitr	*								
Ž	12. TH. WAILL									
	Mack Suber	18. MOTHER'S NAI	ME (First, Middle, Melden Su Elizabeth							
B										
2		RESS (Street and Number or Rural F 6th Place NE,	Washington,	DC 2001	.7					
3	20e. METHOD OF DISPOSITION  1 Series 2 Cremetion 3 Removal from State cemetery, cremetory or other pl	ecel	1	TION City or Town	n, State					
	4 ☐ Donetion 5 ☐ Other (Specify) Maryland Nat	1 Mem Park 7/ 22. NAME AND ADDRESS OF FAC	19/94 Laur	el, Md.						
			-	3030 ILL	n St NE					
	Mary mill	John T Rhines	Co., Inc. I	DC 20017						
	23. PART/I. Enter the diseesea, or complicatione that caused the deeth. Do not en	nter the mode of dying, auch	n aa cardiac or reapirat	tory arreat,	Approximate					
	snock, or neart tallure. List only one cause on each ilne.				Intarval Bstween Onset and Dasth					
	Sequentially list conditions, if sny, leading to immediate and Destroy, le									
	DUE TO (OR AS A GONSEQUENCE OF):	1 00000								
Z	Sequentially list conditions, b. wanting prevent									
F	Sequentially list conditions, If any, leading to immediate  DUE TO (OR/AS A CONSEQUENCE OF):									
2	CAUSE (Disesse or injury									
E	that initiated events  resulting in death) LAST									
CERTIFICATION	d									
2	PART ii. Other significant conditions contributing to death but not resulting in the	a underlying causa givan in	Part i. 24s. WAS AN AU	JTOPSY 24b. V	VERE AUTOPSY FINDINGS					
DICAL	aslessoem		PERFORME	ED?	WAILABLE PRIOR TO COMPLETION OF CAUSE					
8			1 💢 YES 2 🗆	J NO C	OF DEATH?					
Σ				1	YES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL	AS DIACE OF BEATH (OL								
PHYSICIAN: ME	EXAMINER? HOSBITAL: OTI	28. PLACE OF DEATN (Che								
¥ I	27. MANNED OF DEATH 280. DATE OF INJURY 28b. TIME OF	Nursing Home 5 Rasidence	8 Other (Specify)  28d. DESCRIBE HOW INJ	URV OCCUPED						
	1 Netural 5 Pending (Month, Day, Year) INJURY	WORK?	ZOU. DESCRIBE NOW INS	ONTOCCORED						
BY	2 Accident Investigation 3 Suicide Could not be 28e. PLACE OF INJURY — At home, Am, Attack		284 LOCATION COLUMN	Worker or Rural Box	oto Marehor					
	4 Homicide determined building, etc. (Specify)	,,	City or Town, State)	Tomber or Here! No	ord realization,					
91	29e. CERTIFIER									
COMPLETED	(Check only one)  Consider the period of the									
8		ny opinion, death occured at the	time, date end place, end c	due to the ceuse(s)	end menner es stated.					
B	296. SIGNATURE AND VITLE OF CERTIFIED	29c. LICENSE NUM	IBER 2	29d. DATE SIGNED	Wonth, Day, Year)					
5	THAT X DEWIND !	YY)		1/	144					
	30. NAME AND ADD SS OF PERSON WHO CO PLETED SE OF DEATH (ITEM 27) (Typo, Print)				550					
1 1	N.									
/ ]	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  And Sold And And Sold And Sold And Sold And Sold And Sold And Sold And Sold									

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	law requires that the death certificat
	SW.
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	G PHYSICIAN:
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR					MENTAL	HYGIEN REG. NO.	_		
Ţ,	1. DECEDENT'S NAME (First, Middle, Last)				IOATI		ULA		2. DATE O	F DEATH		13	. TIME OF DEATH
		HELEN G	ERTRUDE	THOM	IAS				MONTH 7	20		94	6:55 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTHPL Country)	LACE (State or Foreign
3	579-40-1805	1 M 2 K F	9	1 YRS.	MONTHS	ONTHS DAYS HOURS MIN. (M. 4/				(Month, Day, Year) Country) 4/28/1903 Mary1a			1and
~	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUNTY OF DEATH		
0	Fairhaven Nursin	g Home			Sy	kes	/ille				Car	roll	
DIRECTOR	10a. STATE 10b. COUNTY	r		10c. CIT	TY, TOWN OR LOCATION 10d. II					od. INSIDE CITY			
5	Maryland Carr	Syk						LIMITS?					
FUNERAL	10e. STREET AND NUMBER						10f. ZIP CODE				10g. CIT	IZEN OF WH	AT COUNTRY?
Ä	7200 Third Ave				21784						U.S.	Α.	
F	11. MARITAL STATUS  14. Never Merried 2 Married	12. WAS DECEDEN FORCES? 1	YES 2 X	RMED NO	D 13. WAS DECENDENT OF HISPANIC O				NIC ORIGIN?	(Specify Yes	or No-	14. RACE Black, \	- American Indian, White, atc.
Β¥	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			YES	2 📉 NO	Specify	<b>y</b> :	000 2000		Specify:	White
	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY								WIIICC				
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of e. Do NOT u	work done se retired.)	during me	ost of workin	10	100				
COMPLETED	Federal Government												
8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	C. Silas Thomas			W. Driverson					Purcel				
2	Nora Thomas								Route Number				11 10 01:
	20a. METHOD OF DISPOSITION		20b. PLACE			-		7200	DATE	· ·		Kesvi	11e, MD 21
	1 Donation 8 Other (Specify)	oval from State	cemetery, cr		thar place)				7/2				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	+ Letts	44	Ita	A. Carrier									OMES, P.A. MD 21701
	23. PART I. Enter the diseases, or o	complications that	t caused the d	eath. Do	not enter	the mo	de of dy	ing, suci	h aa cardia	c or respi	ratory an	reat,	Approximate
	ahock, or heart fellure.										Interval Between Onset and Death		
	disease or condition resulting in death)	NGEST	NVE		HE	EAR	ī	FAILURE				3 MONTH	
			DUE TO (OR AS A CONSEQUENCE OF):									7.0	
NO	Sequentially list conditions,	b	(00 to 1 00ting										
<b>IIFICATION</b>	If any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSE	EQUENCE O	r):								i
H	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):			•					1
CERT	resulting in death) LAST	d											
	PART II. Other significent condition	s contributing to	deeth but not	resulting	in the un	derivin	O CRUSA (	alven in	Part I 2	ta. WAS AN	ALITTOREV	1 245 W	PERE AUTOPSY FINDINGS
MEDICAL						i dony in	g cades ;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR	MED?	A	WAILABLE PRIOR TO OMPLETION OF CAUSE
ED									—   ¹	YES 2	□ NO	۰	F DEATH?
									_				YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PI	LACE OF D	EATH (Ch	eck only one)				
SIC	1 YES 2 NO	HOSPITAL: 1 Inputient 2	ER/Outpatient	3 🗆 DOA	OTHER 4 Nun	R: sing Hom	n 5 🗆 Re	sidence	8 Other (S	Specify)			
H	27. MANNER OF DEATH  1 Netural 5 Pending	(Month Dev Mar)							28d. DESCF	RIBE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		A			M 1 YES 2 NO							
<u>a</u>	3 Suicide 8 Could not be determined	building,	e. PLACE OF INJURY — At home, term, atraet, factory, office building, atc. (Specify)					28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
191	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner as stated.												
COMPLETED	(Check only one)  2 MEDICAL EXAMINE												and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER			Jan garde	.,, 0	,				~ hand all			
B	M	D					"	NSE NUN	10/1	0	ZVO. DAT	E SIGNED (M	forth, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William N Tan MD 1645 Liberty Road Suite 204 Eldersburg, Maryland 21784

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE PAR 1994

DHMH-16 Rev 1/89

22/94

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		2 4.2
		permit.
020	physician.	burial-transit
ND 21215-0020	nospital or attending physician	ched for use as the burial-transit permit. Pa es 4: 2,

BALTIMORE, MARYLAN DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	retain	5 sho		notifi
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	6 ma	ctor,		nust
	Page	dire		ler n
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the hospital or atten-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	after d	y the	moval.	cal e
	SUDOU	i ui pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	med
	1 1	ly fille	ation.	the
	with	nplete	crem	vent,
	cuted	oo p	unal.	tic e
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	E HO	E FUI	d wit	RTA
	TH QI	TH Q	be file	MPO
			_	_

	for state registrar	STATE OF MARYLA	ND / DEPAI	RTMENT OF H	IEALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN			
	David Packett TIN	1SLEY				July 21,	1994 YEA	A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A BI	RTHPLACE (State or Foreign			
	230-46-4035	1⊠ M 2 □ F 77	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) March 14,	1917 ~	Maryland			
œ	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF DE	ATN	9c. COUNTY O	F DEATN			
5	909 Armstrong Ave	nue		Hage	rstown		Washington				
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CI	TY, TOWN OR LOCAT	TION		10d, INSIDE CITY				
5	Maryland Washi	ington	Н	agerstow	n			LIMITS?			
AL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	909 Armstrong Ave	nue			21740	ט	SA				
F	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14, R	ACE — American Indian, lack, White, etc.			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2 NO Specify		Sı	pecify:			
	15. DECEDENT'S EDUC	W.W.II		USUAL OCCUPATION	N.	THE KIND OF BUILD		hite			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT L	work done during me	ATION 16b. KIND OF BUSINESS/INDUSTRY						
COMPLETED	12	0	prin	ter/proo	freader	feder	al gove	rnment			
S S	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)				
BE	Maurice Garland T	linsley			Mabel	Grantham	Packett				
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
-	Dorothy Tinsley 909 Armstrong Ave., Hagerstown, Md. 21740										
	20s. METHOD OF DISPOSITION 1 ☑ Buriat 2 ☐ Cremation 3 ☐ Ramo	ovet from State ceme	tery crematory or i	OF DISPOSITION (Na			CATION — City or				
4 Donation 5 Other (Specify) Greenlawn Memorial Park 7-22-94 William 21. Signature of Funeral Service Licensee MINNICH FUNERAL HOME								sport,Maryland			
	21. SIGNAL ONE OF FUNERAL SERVICE LIC	CHSEC		MINNI	CH FUNER	AL HOME					
	<u> </u>							n, Md. 21740			
	23. PART i. Enter the diseases, or c ahock, or haert fallure. I	complications that caused List only one cause on as	the deeth. Do ch iine.	not enter the mo	de of dying, auci	h aa cardiac or reapl	ratory erreat,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition	65						Onset and Death			
	resulting in death) - a. JOVAMOUS CELL CARCINOMA OF NECK 120 TRS										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										
SAT	if any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):							
田	reaulting in death) LAST	1									
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
CAL	HEMOCHROM			,,,,,,		PERFOR	MED?	AMILABLE PRIOR TO COMPLETION DF CAUSE			
		7				1 YES 2	XNO	OF DEATH?			
2	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	ES DE NO		1	1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	ACE OF DEATH (Che	ack only one)					
Sic	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpe	tlant 3 🗆 DQA	OTHER: 4 Nursing Nor	Rasidence	6 Other (Specify)					
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		URY AT	28d. DESCRIBE HOW II	NJURY OCCURED				
'n	1 Natural 5 Pending 2 Accident Investigation				rES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, atc. (Specif	At home, term,	street, tactory, offic	•	28t. LOCATION (Street a City or Town, State)	and Number or Rur	al Route Number,			
COMPLET											
MPI	(Check only	CIAN: To the best of my knowle									
8		R: On the basis of examination	and/or Investigati	on, In my opinion, d	eath occured at the	time, data and placa, an	d dua to the caus	e(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFYER			^	29c. LICENSE NUN	IBER	29d. DATE SIGN	IED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO		7 M	D	D 315	37	77/-	21/94			
	mark no	A A A A A A A A	11 (11 EM 27) (Type	Vo - D	1.0	7/	1	21740			
	31. DATE FILED (Month, Day, Year)	V 32. REGISTRAR'S SIGNA	TURE	ring	au.	Hagers	lown,	MD			
	31. DATE FILED (Month, Day, Year) JUL 22 1994	Juli Seniemy									

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1	-	STATE REGISTR	A
1	1. D	ECEDENT'S	N

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	STATE OF MARYL		RIMENT OF				IYGIENI IEG. NO.			Shire 2
1. DECEDENT'S NAME (First, Middle, Last)		- Cartin		JI DEA		2. DATE OF	DEATH		3.	TIME OF DEATH
Wendell	Herbert	Tewe	11			July	21,	1994	YEAR	238 m
and the second s		(In yrs. lest birthday)	IF UNDER 1 YE		24 HRS, MIN.	7. DATE OF I			a. BIRTHPLJ Country)	NCE (State or Foreign
774 12 2771		75 YRS.	MONTHS DA	No HOURS	more.	June		919	Monta	ana 🖟 🐴
Se. FACILITY NAME (If not institution, give stre				WN OR LOCATI		ATH		9c. COU	NTY OF DEAT	H (S)
4 Spring Hill Cou	rt		Chev	y Chas	е			Mo	ntgome	ery
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	DCATION				_	10	d. INSIDE CITY
Maryland Mont	qomery	Ch	evy Ch	ase	Charles	1			7 7 1	LIMITS?
10e. STREET AND NUMBER				101, ZIP CODE	E	- 1		10g. CITI	ZEN OF WHA	T COUNTRY?
4 Spring Hill Cou	rt			2081	5			Uni	ted St	tates
11. MARITAL STATUS  1 Never Merried 2 Merried	FOROTOR A PRIME A PRIME					C ORIGIN? (6	pecify Yea 1, etc.)	or No—	Black, W	American Indian, hite, atc.
3 Widowed 4 Divorced	1942-1945		''	YES 2 X NO	Specify	A 1	100		Specify:	White
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S (Give kind of	work done during	PATION g most of working	ıa	16b. KIN	O OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)		•					
	5+	Not Ava	ттарте				.A.			
17. FATHER'S NAME (First, Middle, Last)  Claude Wendel	l Tewel	1			-	ME (First, Midd		,	Day	
19a. INFORMANT'B NAME (Type/Print)	T LEMET		ADORESS (Str		is		rist	J	Bro	DWIT
Victoria Mary Tew	ell (Wife)		as #1		or nurai h	ioute riumber, (	my or lown	, этеп, 24	, (00e)	
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remov		. PLACE AND DATE				OATE	20c. LOC	ATION -	City or Town,	Stata
4 Donetlors 5 Other (Specify)		Suburban	Crema	tory		7–21		ver :	Spring	, MD
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /		22. NAM Ra	pp Fun	eral	Servi	ces.	P.A		
204-13.P/		M00827	933	Gist A	venu	e Sil	ver	Spri	na. Mi	20910
23 PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that cause	d the death. Do								Approximate
IMMEDIATE CALICE /Float	re- nitration and a second		0							Onset and Death
disease or condition resulting in death)	malian DUE TO (OF) AS	out m	elan	oma	-					15 year
	DUE TO (OF AS	A CONSEQUENCE O	F):							0
Sequentially list conditions, b.	DUE TO (OR AS	CONSEQUENCE O	D.							
If any, leading to immediate cause. Enter UNDERLYING	502 10 (011 25 )	TONSEOVENCE O	· ).							
CAUSE (Disease or Injury c. that initiated events	DUE TO (OR AS	CONSEQUENCE O	F):							
resulting in death) LAST										
PART II. Other algolificant conditions	contributing to death	out not recultion	in the under	lylna course	nlune le	Dart I a	. WAS AN	ALITOROV	0.45 1111	RE AUTOPSY FINDINGS
A	contributing to death t	at not resulting	in the onder	lying couse i	Aisen III		PERFOR	MEO?	AV	AILABLE PRIOR TO EMPLETION OF CAUSE
						11	YES 2	(Х но	OF	DEATH?
DID TOBACCO USE CO	ONITRIBILITE TO	CALISE OF	DEATH	VEC [	NO	<u>-</u>			1	YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL	NATIONIE 10	CAUSE OF		8. PLACE OF D	NO EATH (Che	ack only one)				
EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 XR	-		nacifu)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	E OF 28c	. INJURY AT	T T	28d. OESCRI		JURY OC	CURED	
1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY 1	WORK?	NO					
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	- At home, ferm,	street, factory,	office		28f. LOCATIO	N (Street e	nd Number	or Rural Rout	e Number,
4 Homicide determined	January, and Japa					City of R	own, State)			
29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know	rledge, death occurr	ed at the time,	date end place	, end due	to the cause(	o) end man	ner ee ata	ted.	
CERTIFIER 1 XCERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(e) and manner se attated.  (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER	9			29c. LICI	ENSE NUM	IBER	1	29d. DAT	E SIGNED (M	onth, Day, Year)
derem 1 Con	De 905			Do	860	22_		▶ ;	July 2	1, 1994
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
31. DATE FILED (Month, Day, Year)	DORE 10	YUO C	Ww.	HW	s., 1	ons	ing	you	M	
JUL 2 2 1994 g	22. REGISTRAR'S SIGNAL DAVIDON-1	anguell								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



LTIMORE, MARYLAND 21215-0020  th. Page 6 may be retained by the hospital or attending physician.  neral director, page 5 should be detached for use as the burial-transit perrit. Infinite must be notified at once.			3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020  THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanent. The model of the course of the price of the price of Health and Mental Hygiene prior to burial, cremation, or removal.  REQUITABLE: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	3.3	1	A Page C	
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pernit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPCHTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 350-18-3560 9a. FACILITY NAME (If not institution, give s SYCAMORE ACRES, ] RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10a. STATE 10b. COUNT 11. MARITAL STATUS 1 Never Married 2 [X Married 3 Widowed 4 Divorced (Specify only highest grade Elementary/Secondary (0-12)	S. SEX  1	AGE (In yrs. lest 73 er Road 1, #23 FER IN U.S. ARM	9b.	Derwo	ION	7. DATE OF BIRTH (Month, Day, Yo. March 19	9, DAY 1994 , 1921 9c. COU	8. BIRTHE Country	consin	
350-18-3560  9a. FACILITY NAME (If not institution, give : Sycamore Acres, I RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  10a. STREET AND NUMBER 2101 Connecticut  11. MARITAL STATUS 1 Never Married 2 [X Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade)	1 [XM 2 ] F  street and number)  9120 Muncaste  Y  Avenue, Nu  12. Was decedent every  FORCES? 1  If yes, give wan	73 er Road	9b.	CITY, TOWN O Derwo wn on Locat	HOURS MIN. R LOCATION OF DI O'C	March 19	9c. COU	Wisc Wisc	Consin	
Sycamore Acres, 1  RESIDENCE OF DECEDENT  10e. STATE  10e. STREET AND NUMBER  2101 Connecticut  11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade)	Avenue, NM  12. Was decedent ever fonces?  17. Was decedent ever fonces?	I, #23	10c. CITY, TO	Derwo	od	EATH				
10e. STATE 10b. COUNT  10e. STREET AND NUMBER  2101 Connecticut  11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade)	AVENUE, NW 12. WAS DECEDENT EVENUES TO THE TENER OF THE T	ER IN U.S. ARM	11000	ngton,						
2101 Connecticut  11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	12. WAS DECEDENT EX FORCES? 1 () IF YES, GIVE WAR	ER IN U.S. ARM			DC				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade	12. WAS DECEDENT EX FORCES? 1 () IF YES, GIVE WAR	ER IN U.S. ARM		101.	ZIP CODE 20008				States	
(Specify only highest grade		1 X YES 2 NO If yes, specify Co				T OF HISPANIC ORIGIN? (Specify Yes or No- uban, Mexican, Puerto Rican, etc.)  14. RAM Ble NO Specify:  Spe			- American Indian, White, atc.	
					N st of working		F BUSINESS/IN	DUSTRY		
	5+	Law	Profe	ssor			vard La	w Sch	nool	
17. FATHER'S NAME (First, Middle, Last) Paul Turner						ME (First, Middle, Mi Deth Cat		,		
198. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Street a		Route Number, City of				
Joan P. Turner			_	e as 1	_					
20a. METHOD OF DISPOSITION 1	oval from State		nd DATE OF DIS			1	ilver S		yn, Stefa g, Maryla	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ray	ap		Rapp		Service:	s, P. /	١.	MD 20910	
disease or condition resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d										
PART II. Other eignificent condition	ne contributing to dec	oth but not re	eulting in th	e underlying	cause given in	PE	IS AN AUTOPSY REORMED? ES 2 NO		WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2XX NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outpatient 3 [	DOA 4	HER:	ACE OF DEATH (Ch		Grour	Home	P	
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence    28s. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY AT WORK?   WO						IOW INJURY OC			
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						LOCATION (Street and Number or Rural Route Number, City or Town, State)			
anal	ICIAN: To the best of my								and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIE	R	7	2	TMI)	29c LICENGE MUI	MBER			(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WE Nakul Goyal, M. [					e, #210	, Olney			, 200	

	1 - FOR STATE REGISTRAR	E OF MARYLAND / CE	DEPARTMENT				ITAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. 1	DATE OF GEATH		3. TIME OF CEATH	
100	Maung M, Tin					ij	uly 13,	1994 YEA	3:45 PM	
	4. SOCIAL SECURITY NUMBER S. SEX 1 🖾 M	8. AGE (In yrs. last	birthday) IF UNDER	DAYS	IF UNDER 24	HRS. 7. E	ATE OF BIRTH Month, Day, Year) eb. 17,	8. B	IRTHPLACE (State or Foreign ountry) Pegu yanmar	
	9a. FACILITY NAME (If not institution, give street and nu	imber)	9b. CIT	r, town o	R LOCATION	OF DEATH		9c. COUNTY C		
OR	Montgomery General			01:	ney			Montgo	omery	
ל	RESIDENCE OF DECEDENT									
DIRECTOR	MD 10b. COUNTY Montgon	nery	10c. CITY, TOWN		Spring	g		10d. INSIDE CITY LIMITS?  1\times YES 2 \square NO		
FUNERAL	14010 Crest Hill Lar	1e		101,	ZIP CODE	20905			of what country?	
N N		DECEDENT EVER IN U.S. ARM		WAS DECE	ENDENT OF H	HISPANIC O	RIGIN? (Specify Yes	s or No 14, F	BACE American Indian.	
	IE AE	CES? 1 YES 2 14 YES 2 14 YES 2 14 YES			cify Cuban, i		erto Rican, etc.)		Specify: Ranger of o	
ВУ	3 Widowed 4 Divorced								Burmese	
Ë	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Gh	EDENT'S USUAL O	during mos	t of working		16b. KIND OF BU	SINESS/INDUSTR	TY .	
Ш	Elementary/Secondary (8-12) College	(1-4 or 5 +)	Vocatio Counsel	nal I	Rehab.		Vo	cationa	1	
MP		+16	Counsel	or						
COMPLETED	17. FATHER'S NAME (First, Middle, Last) U Ba Khin						irst, Middle, Maiden	Surname)		
BE					Daw A					
2	190. INFORMANT'S NAME (Type/Print)  Betty Than Tin		MAILING ADDRES							
									MD 20905	
	20a. METHOD OF OISPOSITION  1   Burlal 2   Cremation 3   Ramoval from	Stata 20b. PLACEA	ND DATE OF DISPO	SITION (Nar	ne of 7/1	4/94	OATE 20c. LO	CATION - City o	Maryland	
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Ft. I	incoln (	Crema	DADDRESS			TEWOOU,	Maryland	
	21. SIGNAL ONE OF FORENAL SERVICE EXPENSEE	1 (14nn	22	lines	-Rina	ldi I	uneral	Home		
	Jane Trent	- HULKA	ncx	11800	) New	Hamps	shire Av	e Silve	r Spring MD	
	23. PART I. Enter the diseases, or complicat ahock, or heert fellure. List only	lone that caused the dec	oth. Do not enter	the mod	de of dying	, such aa	cardlec or reap	Iratory arrest,	Approximate	
	IMMEDIATE CAUSE (Finel	one cease on each line.							Interval Between Onset end Death	
	disease or condition - a. CMOXIC Encephalopathy							130		
_	PUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate  D. Due TO (OR,AS A CONSEQUENCE OF):									
F	cause. Enter UNDERLYING	Acute N	WOOD	ollos	Ili	in tou	VOHOU	٨	171	
Ĕ	CAUSE (Disease or Injury that initiated events	QUE TO (OR AS A CONSECU	UENCE OF		1					
	resulting in death) LAST	JOSO NOV	1 HK	rete	SCI	exos	De			
	PART II. Other significant conditions contrib	uting to death but not re	eulting in the u	adorlulas	sausa aliu	an In Dant	1 00 100 00	accompanie I		
CAL	Dutmonary Edo		adding in the O	nderrynng	cause give	en in Part	I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
	they recovered Por	wid					1 TYES 2	□ NO	OF DEATH?	
Σ								- 1	1 TES 2 NO	
N N										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPI	TAL:	OTHE		ACE OF DEAT	TH (Check or	nly one)			
IYS		tient 2 ER/Outpatient 3 (	DOA 4 Nu	raing Home			Other (Specify)			
		DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU WOF	RK?		DESCRIBE HOW I	NJURY OCCURE	D	
B	2 Accident Investigation	DI 105 OF IN INTIM			ES 2 N	_				
윤	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
29s. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
COMPLETED	(Check only one)  MEDICAL EXAMINER: On the 8								se(a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENS	E NUMBER		29d, DATE SIG	NED (Month, Day, Year)	
- 1 75761   75761   75761   > 7/17							13/94			
2	30. NAME AND ANORESS OF RERSON WHO COMPLE		3801 TV	J-11	atroi	1/00	)rive	Shin	Some MAD	
		REGISTRAR'S SIGNATURE		ILCV	CHOI	rui (	שטיינפ	Siver	Light INI	
	1 1 0 1001 Lil	in Novidan Pano	T. 00						· U	

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OHMH-16 Rev 1/89

BALTIMORE	ours after death, Page 6 may	filled in by the funeral director, pa on, or removal.	he medical examiner must
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ps he filled within 72 hours after death with the State Deot, of Health and Mental Hodelie prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must I

Am	ended #1, 7/19/94, FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPART		EALTH AND			1 2200.			
	1. DECEDING'S NAME (First, Middle, Last)	Terpila	k D	mytr Te	rpilak	2. DATE OF DEATH MONTH DI	AY Y	S. TIME OF DEATH  S. TIME OF DEATH  M. T. PM			
	From the state of	SEX 6. AGE (In yrs. A	YRS.	F UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) Nov. 27, 190	)5 Pc	BIRTHPLACE (State or Foreign Country) 1and			
DIRECTOR	Greater Laurel Belt			Laurel	OH LOCATION OF DI	EATH	Prince	e Georges			
	Maryland Montgom	ery		ver Spi			toe Civites	10d. INSIDE CITY LIMITS? 1 YES 2 ND			
FUNERAL	1916 Grayslake Drive 20906 USA										
B	11. MARITAL STATUS 12.	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 ND IF YES, GIVE WAR DR DATES				NIC DRIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No- 14.	PACE — American Indian, Black, Whita, atc. Specify: Vhite			
COMPLETED		(lege (1-4 or 5+)	Give kind of wo le. Do NOT use	SUAL OCCUPATION rk done during more retired.)	DN est of working	16b, KIND OF BUS	nment	ray			
OMF	17. FATHER'S NAME (First, Middle, Last)	La	borer		18. MOTHER'S NA						
BEC	Michael T	erpilak			Anna		binovi	lch			
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Michael S Terpilak  1916 Grayslake Drive Silver Spring, Maryland 20906										
100	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Ramoval	from State 20b. PLACI	E AND DATE DE	DISPOSITION (No	ame of	DATE 20c. LO	CATION City	or Town, Stata			
5	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE		of Hea	22. NAME A	ND ADDRESS OF FA	CILITY		ring, Maryland			
	Homes & Oc	of the same		500 Ur	niversity	llins Funer BlvdW.	Sil.St	orMD 20901			
iii, aid iiidale	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Sepsils										
-	GODGIENE OF HEELS I West										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE DF):  SEVEYE PER Pheral Vascular Disease  DUE TO (DR AS A CONSEQUENCE OF):  d.										
N: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Renal Failure Elevated Liver Runchous  Coronar artry Diceson  1 yes 2 no  246. WAS AN AUTOPSY PERFORMED?  1 yes 2 no										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		OTHER:	LACE OF DEATH (Ch						
HYS	1 YES 2 NO 1 27. MANNER OF DEATH	(Inpatient 2 ☐ ER/Outpatient 28s. DATE OF INJURY	28b, TIME	OF 28c, IN.	IURY AT	6 ☐ Other (Specify)  28d, DE\$CRIBE HOW I	NJURY OCCUR	ED			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 ND						
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, str	eet, factory, offic	•	28f. LOCATION (Street City or Town, State)		Rural Route Number,			
COMPLETED	cool ciny	: To the best of my knowledge, on the basis of examination and/o						suse(a) and menner as stated.			
8	296. SIGNATURE AND TITLE OF CERTIFIER	· M			29c LICENSE NUI	MBER 30	29d. DATE S	GNED (Month, Day, Year)			
10	30. F AND ADDRE OF PER WHO CO	MPL ED CAUSE OF DEATH (IT	EM 27) (Type, F	rim) Laurel	-Berne	RJ#307	14	ops and			
	31. DATE FILED (MODILI, OFF, 1947) 1994	32. HEGISTRANS ALLMANUNG	Januar								

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICH

	1 - STATE REGISTRAR	OINIE OF MANT			OF DEATH	D WENT	REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DE	EATH	
	SOPHIE MINK	TRZMIL				JÜ	Y 16,	<sup>M</sup> 1994	YEAR	5:00	А. м	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)			10.4-	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHP	LACE (Stete or	Foreign	
	139-01-8023	1 🗌 M 2 💢 F	75 YRS.	MONTHS DA	YS HOURS MIN	JUL	Y 23,	1918		JERSE	Y	
	Se. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TO	VN OR LOCATION OF				NTY OF DEA	OF DEATH		
DIRECTOR	HEBREW HOME OF GRE	EATER WASHIN	NGTON	ROCK	VILLE			MON	TGOME	RY		
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CI	TY. TOWN OR LO	CATION				1.	10d. INSIDE C	TV	
E	MARYLAND MONTG	OMERY		ROCKVII						LIMITS?		
1	10e. STREET AND NUMBER	VIIII		ROOKVII	101. ZIP CODE			10g CIT		AT COUNTRY		
FUNERAL	6121 MONTROSE ROAD	,		2	20852	•			CED ST			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HIS	SPANIC ORIG	IN? (Specify Ye			- American Ir	ndlen.	
	1 Never Merried 2 Merried	FORCES? 1 YE		If yes	yes 2 X NO Sp	xican, Puerle	o Rican, atc.)		Black, Specify:	White, atc.		
) BY	3 Widowed 4 Divorced									WHITE		
필	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e, DECEDENT'S (Give kind of	work done during	PATION most of working	10	Bb. KIND OF BU	SINESS/INI	DUSTRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	iife. Do NOT	OWNER		ľ	DETATI	CITO			- 1	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			OWNER			RETAIL		<u> </u>			
	JACOB GOLDBE	RG			18. MOTHER'S		, Middle, Maider					
BE	19e. INFORMANT'S NAME (Type/Print)		19h MAILIN	G ADDRESS /Str	eet end Number or Ru				o Codel			
임	ALAN MINK (SON)				M FIELD					MD	21042	
	20g METHOD OF DISPOSITION 1 A Burlel 2 Committee 3 N Remo	2	0b. PLACE AND DATE	OF DISPOSITION	Name of				City or Town		-1012	
	1 N Buriel 2 ☐ Cramation 3 N Remo	rval from State	SETH ISRA	EL MEM.	PARK	7/	18 WOO					
	21. SIGNATURE OF FUNERAL SETTINGE LICE			22. NAM	E AND ADDRESS OF	F FACILITY						
	> Hereit	41.			ANSKY-GO							
$\neg$	23. PART I. Enter the diseases, or co	opplications that caus	ed the deeth. Do	not enter the	ROCKVIL	LE PI	KE, KU	CKVII	LLE, P		852	
1	snock, or near tellura. L	fst only one ceuse on	esch line.	not office the	mode or dying,	30CH 33 CO	ulec of Teap	matory sr	rest,		Between	
	IMMEDIATE CAUSE (Final disease or condition CANCER OF THE RREAST											
	e. CANCER OF THE BREAST  DUE TO (OR AS A CONSCOUENCE OF):  9 YEARS											
z										į		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE	OF):						1		
S	CAUSE (Disease or injury	÷										
Ë	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE (	OF):							J	
E		l								<u> </u>		
	PART II. Other significent conditions	contributing to death	but not resulting	in the under	ying ceuse given	in Pert i.	24a. WAS AN			VERE AUTOPS		
MEDICAL							1 TYES		0	WAILABLE PRICE COMPLETION O		
ME								X.		F DEATH?	NO	
ä	DID TOBACCO USE (	CONTRIBUTE TO	CAUSE O	F DEATH	YES 🔲	NO 🗆			-1			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH	(Check only	one)					
YSI	1 TYES 2 XNO	1   Inputient 2   ER/Ou		OTHER: 4 X Nursing	Nome 5 - Residen	nce 6 🗆 Ott	ner (Specify)					
표	27. MANNER OF DEATH  1X Natural 5 Pending	(Month, Day, Year)		JURY	INJURY AT WORK?	26d. Di	ESCRIBE NOW	INJURY OC	CURED			
B	2 Accident Investigation	45 5 465 65 614			YES 2 NO							
	3 Suicide 6 Could not be determined	RY — At home, farm, pecify)	street, factory, o	office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e, CERTIFIER											
MPI	(Check only	CIAN: To the best of my kno										
8		R: On the basis of examinat	on end/or investigati	on, in my opinio	n, death occured at	the time, da	te end plece, e	nd due to th	te cause(e) (	end menner e	stated.	
HE	296. SIGNATURE AND TITLE OF CENTIFIER	181	27.11	,	29c. LICENSE	NUMBER				Wonth, Day, Yes		
2	30. NAME AND ADDRESS OF RSON WHO	COMPLETE	my	0.1-0	D011	20		J	ULY 1	6, 199	4	
	WALTER E. GOOZH.	M.D., 2309	SHOREFIE	LD RD.	WHEATON	, MD	20902					
	S1. DATE FILED (Month, Day, Year)  JUL 1 8 1994	32. RAGISTRAH'S SIG	ENATURE	<u> </u>								
	JUL 1 8 1994	guna David	eson-parael	Name .								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		LAND / DEPART CERTIFIC			F	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle CLAUDE MILLAF					JULY	18, ¥1994	YEAR 3.	0932AM		
	4. SOCIAL SECURITY NUMBER 214-10-5364	T 30, 1915	(Country)	RYLAND							
СТОВ	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  SACRED HEART HOSPITAL  CUMBERLAND, MD  ALLEGANY  RESIDENCE OF DECEMENT										
DIREC	10a. STATE 10b. (	LLEGANY	10c. CITY,	TOWN OR LOCAL				133	d. INSIDE CITY LIMITS?  YES 2 X N		
RAL	100. STREET AND NUMBER 12405 GRAML	CH BOAD CH	TELES	1	or, ZIP CODE		10g. CITIZ		T COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	2 2NO	If yes, a	21502 CENDENT OF HISPA pocify Cuban, Maxic S 2 X NO Spec	an, Puerto Rica		Black, W	American Indian		
8	15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	16a. DECEDENT'S US	rk done during n	ION lost of working	16b, KJI	ND OF BUSINESS/INDI				
COMPLET	Elementary/Secondary (0-12) 12	College (1-4 or 5 +)	SUPER			E	LECTRIC				
CO	17. FATHER'S NAME (First, Middle, L		37-11		-		lle, Maiden Surname)	EU W			
BE	WALTER M.  19a. INFORMANT'S NAME (Type/Prin	TWIGG	19b, MAILING A	DDRESS (Street			ARTLEY City or Town, State, Zip	Cortel			
2	STELLA A. TH	IGG					LAVALE,		21502		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3		Ob. PLACE AND DATE OF	DISPOSITION (		OATE	20c. LOCATION — C				
	22. NAME AND ADDRESS OF FACILITY HAFER CHAPEL OF THE HILLS MORTUAL 1302 NATIONAL HWY LAVALE, MD 215 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory streat,  Approximately 1.										
ERTIFICATION	shock, or heart for IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	red	L dure				Interval B Onset an		
MEDICAL C	PART II. Other significant con		the underlyle	ng ceuse given le		a. WAS AN AUTOPSY PERFORMED? YES 2 NO	ORMED? AMAILABLE PRIOR TO				
SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C						
PHYS	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY	1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Rasidence 6   Other (Specify, 28a. DATE OF INJURY   28b. TIME OF   28c. INJURY AT   28d. DESCRIBE H								
ВУР	1 Natural 5 Pendin 2 Accident Investig	etion	RY — Al home, farm, str	M 1 🗆	YES 2 NO						
TED	3 Suicide 8 Could 4 Homicide detarm	28f. LOCATIO	ON (Street and Number own, State)	or Rural Route	) Number,						
COMPLE		PHYSICIAN: To the best of my kno							id menner aa st		
BE CC	29b. SIGNATURE AND TITLE OF OR		)		29c. LICENSE NU				onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERS				10101	7 ~		1-17-	77		
		32. REGISTRAR'S SIG	CUMBERL	AND MD	21502						
		Tave urmainuu 9 210	me one								

7 Jan 24 J. P. Novered J.

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Ţ	23 shows any injury, or other traumatic event the medical examiner must be notified at on
Mental Hygiene prior to burial, cremation, or removal.	nedical
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIEN			
-	1. DECEDENT'S NAME (First, Middle, Last)	Urba	voka			2. DATE OF DEATH	b- 8	S. TIME OF DEATH	
	man and warm	□ M 2 □ A 89	YRS.	FUNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Nov. 24, 19 ATN	04	BIRTHPLACE (State or Foreign Geuntry)  OF DEATH	
TOR	Arcola Nursing Cer		Mon	tgomery					
DIRECTOR	Maryland Montgo	omery	18c. CITY, 1	Takoma			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		1	N OF WHAT COUNTRY?	
UNE		t. 203	N U.S. ARMED	13. WAS OEC	20913 ENDENT OF NISPAN	IIC ORIGIN? (Specify Ye	US s or No.— 14	. RACE — American Indian.	
BY	1 🕅 Never Married 2 🗍 Married 3 🗍 Widowed 4 📗 Divorced	FORCES? 1   YES	2 X NO DATES	If yes, spe	city Cuben, Mexical 2 NO Specify	n, Puerto Rican, atc.)		Specify: Vhite	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ON spleted) college (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most	N at of working	16b. KIND OF BU			
MP	12		Bookkee	per					
	17. FATHER'S NAME (First, Middle, Leist) Andrzei	Hwh on aled				ME (First, Middle, Meider			
BE	19a. INFORMANT'S NAME (Type/Print)	Urbanski	19b. MAILINO AC	DRESS (Street o	Leoxa	Q1a Route Number, City or Tox	Winkle		
2	Maria T Urban	ıska			ue #203	Takoma Pa			
	20e_METHOD OF DISPOSITION 1	from State Cel	netery, crematory or other	place)		DATE 20c. LC	CATION — CIT	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		c. John S	22. NAME AN	O ADDRESS OF FAC	CILITY		A COLUMN TO SERVICE STREET, ST	
	Dimothyo	4 Campi	hull			lins Funer Blvd.,W.			
	23. PART I. Enter the diseases, or com- shock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that cause on only one cause on o	each line.	enter the mod	de of dying, auch	as cerdiac or resp	iratory arrea	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):					985	
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions of	entributing to death it				Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF OEATH (Che	ck only one)			
YSI	1 - YES 2 5UNO 10	Inpatient 2 ER/Out	patient 3 DOA 4		5 Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WO		28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined		281. LOCATION (Street end Number or Rural Route Number, City or Yown, Stete)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAI MEDICAL EXAMINER: 0							ouse(s) and menner se stated.	
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	~			29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)	
TO B	Martine Ma	40 D			D089	144	1	16194	
	30. NAME AND ADDRESS OF PERSON WHO CO			nt)	3720 1	FARLAG	47 4	2	
	31. DATE FILED (Month, Day, Year)	32. BEGISTBAR'S SIGN			TO A PORT	,	000	753	

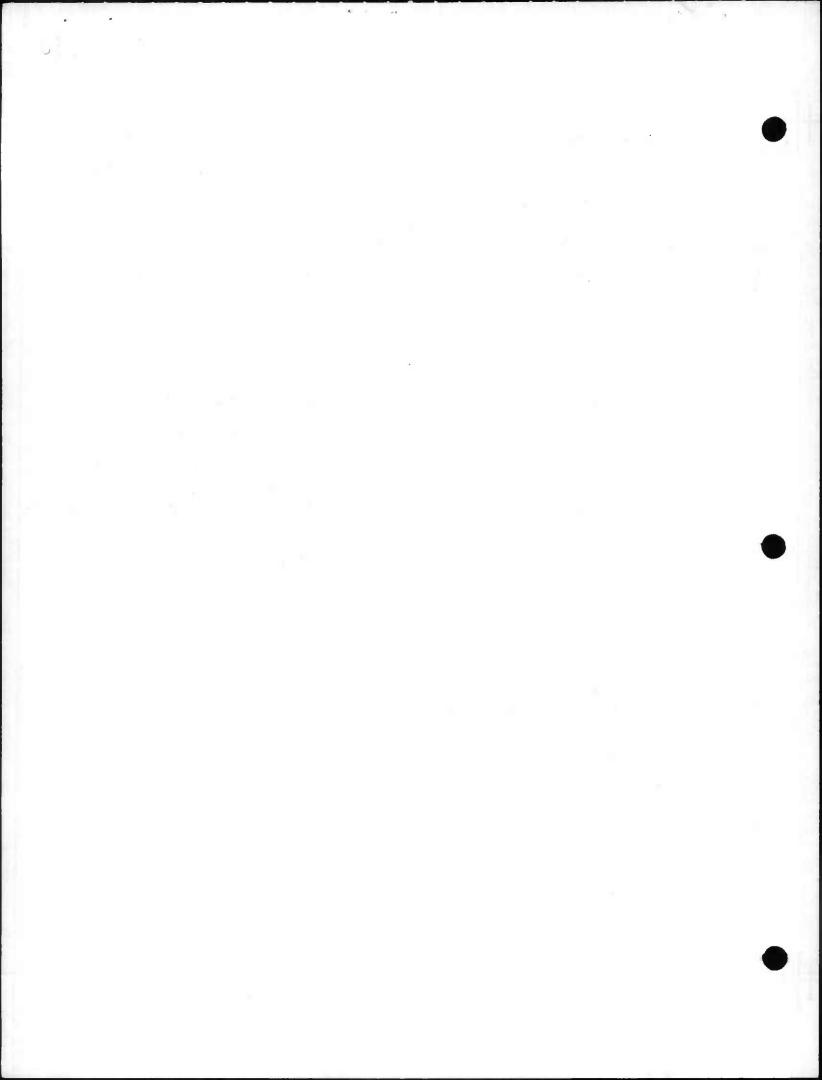
T C U S S

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ils certificate has been signed by the attending physician and completely filled in by the funeral director, page (	crematio
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$\overline{}$	REGISTRAR				OLNI		TIE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Mi	liddle, Last)							2. DATE OF	F DEATN DA		VEAD	3. TIME OF D	EATN
	ADIAHA UDO								MONTH 7	Ĩ	Ĩ6	94	6:57	Ам
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (Ir	n yrs. lest birthd	my) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, L	BIRTH		8. BIRTN	PLACE (State o	r Foreign
	438-77-5664	1	1 🗆 M 2 😾 F	73	YR	B. MONT	THE DAYS	HOURS MIN.	12	15 20			ERIA	
_	9a. FACILITY NAME (If not institu			9b.	CITY, TOWN	OR LOCATION OF DI	EATN		9c. COU	TY OF D	EATN			
6	GREATER LAURI		PITAL			L	AUREL				P	G		
[ [ [	RESIDENCE OF DECE	DENT 0b. COUNTY			1400	OUTY TO	WN OR LOCA							
DIRECTOR	MD	PG					BELT	IION					10d. INSIDE C	HY .
	10e, STREET AND NUMBER	G	CEEN.							1 YES 2				
FUNERAL	The figure of Addition							f. ZIP CODE		10g. CITIZEN OF WHAT				n
Z.	7736 ORA COURT  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARR							20770			NIGE			
교	1 Never Married 2 Ma		FORCES? 1	YES	2 X NO		If yes, sp	CENDENT OF NISPAI ecity Cuban, Maxica	n, Puerto Ric	Specify Yes an, etc.)	or No-	14. RACE Black	<ul> <li>American I</li> <li>White, etc.</li> </ul>	ndian,
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES						1 TYES	2 NO Specifi	A:			Specif	•	
8	15. DECEDI	ENT'S EDUCAT	TION	T	16a. DECEDEN				16b. K	IND OF BUS		BLAC	K	
ᇦ	(Specify only high Elementary/Secondary (0-12)		mpleted) College (1-4 or 5 +	.)	(Give kind life. Do NC	of work d T use retir	lone during mo ed.)	ost of working						
I de	7TH				HOUS	EWIF	E		N	ONE				
COMPLETED	17. FATHER'S NAME (First, Middle	io, Last)						18. MOTNER'S NA	ME (First, Mid	dle, Maiden	Sumame)			
BE (	EATIM BASSEY	Υ						ADIAHA	NKOYO					_
2	19a. INFORMANT'S NAME (Type	/Print)			19b. MAIL	ING ADDI	RESS (Street a	and Number or Rural i	Poute Number,	City or Town	n, State, Zip	Code)		
-	GRACE UMOH					_		C, GREENE	BELT, M	D 207	770			
	20e. METHOD OF DISPOSITION 1,□,Burial 2 □ Cremation	3 Remova	il from State	20b. f	PLACE AND DA	TE OF DIS	POSITION (No		1	20c. LO				
	Donation 5 Other (Sp			FA	AMILY	_			7/29/9	4 LAC	os,	NIGE	RIA	
	21. SIGNATURE OF FUNERAL S	PERVICE LICEN	SEE 7			1	W.H. F	ACON FUN	CILITY JERAT.	HOME	TNC.			
	ny	7 13	aco	n	276			4TH STRE				GTON	. D.C.	20010
	23. PART I. Enter the dise	eeea, or con	nplications that	ceused										
ŀ	SHOCK, OF HEAT									c or realbii	acory arr	eat,	Approx	imate E
	IMMEDIATE CAUSE (Final		it only one ceu	se on eed	ch line.						acory arr	eat,	Interval	Between
	disease or condition	8.	t only one ceu	se on eed	ch line.						ratory arr	eat,	Interval	Between
		8	DUE TO	se on eed	ch line.			yracc			acory and	eat,	Interval	Between
NO	disease or condition resulting in death)	8.	DUE TO	OR AS A	ch line.  Schoolseouence	CUL OF):					acory arr		Interval	Between
ATION	disease or condition resulting in death)  Sequentially list conditions if any, leading to immediate	s b	DUE TO	OR AS A	ch line.	CUL OF):					acory and	per,	Interval	Between
FICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury	s b	DUE TO	(OR AS A C	CONSEQUENCE	( OF):					actory and	put,	Interval	Between
RTIFICATION	disease or condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING	s b	DUE TO	(OR AS A C	ch line.  Schoolseouence	( OF):					actory and	par,	Interval	Between
CERTIFICATION	Sequentially list condition from the condition of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	8	DUE TO	(OR AS A C	CONSEQUENCE	OF):	-, M	yran	Cenl		atory and	est,	Interval	Between
	disease or condition resulting in death)  Sequentially list condition: If any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	8	DUE TO	(OR AS A C	CONSEQUENCE	OF):	-, M	yran	Cenl	Be. WAS AN	AUTOPSY		Interval Onset a	Between and Death Death
	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificant	s, te c. d. conditions of	DUE TO	(OR AS A C	consequence	OF):	o underlying	yran	Ceal		AUTOPSY MED?	24b.	Interval Onset a Onset a Were Autops) AMAILABLE PRI	Between and Death  / FINDINGS
MEDICAL CERTIFICATION	Sequentially list condition from the condition of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s, te c. d. conditions of	DUE TO	(OR AS A C	consequence	OF):	o underlying	yran	Ceal	Ia. WAS AN / PERFORI	AUTOPSY MED?	24b.	Interval Onset a	FINDINGS OF FCAUSE
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MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of the conditi	s. b. c. c. d. conditions of	DUE TO  DUE TO  DUE TO  Contributing to	(OR AS A CO	CONSEQUENCE CONSEQUENCE t not resulting	OF):	e underlying	Yo Calle	Part i. 24	ia. WAS AN PERFORI	AUTOPSY MED?	24b.	Interval Onset a Onset a Were Autops) AMALABLE PRI COMPLETION OF DEATH?	FINDINGS OF FCAUSE
EDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of the conditi	s. b. c. c. d. conditions of	DUE TO  DUE TO  DUE TO  Contributing to	(OR AS A CO	CONSEQUENCE CONSEQUENCE CONSEQUENCE  t not resulting	OF):	28. PL HER: Nursing Nom 28c. INJ	yt Calle  g cause given in  ACE OF DEATN (Che  e 5 □ Residence	Part i. 24	ia. WAS AN PERFORI	AUTOPSY MED?	24b.	Interval Onset a Onset a Were Autops) AMALABLE PRI COMPLETION OF DEATH?	FINDINGS OF FCAUSE
MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the cause of the ca	s. b. c. c. d. conditions of	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  CONTRIBUTION  IOSPITAL:  Inpatient 2 ©  28e. OATE OF  (Month, De	(OR AS A CO	consequence  t not resultir  tlent 3 000	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 28c. INJ WI 1 1	g cause given in  ACE OF DEATN (Che  5   Residence  URY AT  RK7  /ES 2   NO	Part i. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	ia. WAS AN PERFORI	AUTOPSY MED?	24b.	Interval Onset a Onset a Were Autops) AMALABLE PRI COMPLETION OF DEATH?	FINDINGS OF FCAUSE
BY PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant sequences are sequences and sequences are sequences and sequences are sequences and sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences are sequences.	s. b. c. c. d. d. conditions of the leading satisfaction and the leading satisfaction and not be	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  COSPITAL:  Inpatient 2 S  28e. OATE OF (Month, De)	(OR AS A CO	CONSEQUENCE  CONSEQUENCE  CONSEQUENCE  t not resulting  tient 3 DO  28b.	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 28c. INJ WI 1 1	g cause given in  ACE OF DEATN (Che  5   Residence  URY AT  RK7  /ES 2   NO	Part i. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	Ia. WAS AN / PERFORI	AUTOPSY MED?  NO  NO	24b.	WERE AUTOPS: AMALABLE PRICOMPLETION O OF DEATH?  1 YES 2	FINDINGS OF FCAUSE
ED BY PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of t	s. s. te c. d. conditions of the conditions of t	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contributing to  Contributing to  Contributing to  Contributing to	(OR AS A CO	consequence  consequence  t not resultir  tient 3 DO/ 28b.	OT:  OT:  OT:  OT:  OT:  OT:  A   OT:  A   OT:  A   OT:  OT:  OT:  OT:  OT:  OT:  OT:  OT	28. PL HER: Nursing Nom 28c. INJ WO 1 □ 1	g cause given in  ACE OF DEATN (Che  5   Residence  URY AT  RK7  YES 2   NO	Part i. 24  1  1  Other (S  28d. DESCR  281. LOCATIC City or 7	Ia. WAS AN / PERFORI	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED or Rural Ro	WERE AUTOPS: AMALABLE PRICOMPLETION O OF DEATH?  1 YES 2	FINDINGS OF FCAUSE
ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of the conditi	s.  conditions of the conditio	DUE TO  DUE TO  DUE TO  DUE TO  CONTRIBUTING TO  CONTRIBUTING TO  28a. OATE OF  (Month, Del  28a. PLACE Of building,	(OR AS A (OR	consequence consequence t not resultir  thent 3 Doo 28b.  At home, farry)	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in  ACE OF DEATN (Che  5  Residence UNY AT RK?  YES 2 NO  and place, and due	Part i. 24  1  1  26ck only one) 6  Other (S  28d. DESCR  281. LOCATIC City or 1	ia. WAS AN. PERFORI  YES 2  Specify)  IBE NOW IN  ON (Street a. Sown, State)	AUTOPSY MED?  NO  NO  NURY OCC  Ind Number as atate	URED Or Rural Ro	WERE AUTOPS: AMALABLE PRINCOMPLETION O OF DEATH?  1 YES 2	FINDINGS ON TO F CAUSE
ED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of the conditi	s.  conditions of the conditio	DUE TO  DUE TO  DUE TO  DUE TO  CONTRIBUTING TO  CONTRIBUTING TO  28a. OATE OF  (Month, Del  28a. PLACE Of building,	(OR AS A (OR	consequence consequence t not resultir  thent 3 Doo 28b.  At home, farry)	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in  ACE OF DEATN (Che  5   Residence  URY AT  RK7  YES 2   NO	Part i. 24  1  1  26ck only one) 6  Other (S  28d. DESCR  281. LOCATIC City or 1	ia. WAS AN. PERFORI  YES 2  Specify)  IBE NOW IN  ON (Street a. Sown, State)	AUTOPSY MED?  NO  NO  NURY OCC  Ind Number as atate	URED Or Rural Ro	WERE AUTOPS: AMALABLE PRINCOMPLETION O OF DEATH?  1 YES 2	FINDINGS ON TO F CAUSE
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of the conditi	s.  conditions of the conditio	DUE TO  DUE TO  DUE TO  DUE TO  CONTRIBUTING TO  CONTRIBUTING TO  28a. OATE OF  (Month, Del  28a. PLACE Of building,	(OR AS A (OR	consequence consequence t not resultir  thent 3 Doo 28b.  At home, farry)	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	g cause given in  ACE OF DEATN (Che  5  Residence UNY AT RK?  YES 2 NO  and place, and due	Part I. 24  1  Ock only one)  6 Other (S  281, LOCATIC City or 1	ia. WAS AN. PERFORI  YES 2  Specify)  IBE NOW IN  ON (Street a. Sown, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Rural Ro  od.  cause(a)	WERE AUTOPS: AMALABLE PRINCOMPLETION O OF DEATH?  1 YES 2	FINDINGS OR TO F CAUSE  NO
BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the cause of	conditiona conditiona	DUE TO  DUE TO	(OR AS A (OR	consequence consequence t not resulting tient 3 DO 28b. At home, family) dge, death occurrence	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 28c. INJ WO 1 1 1 factory, office	g cause given in  ACE OF DEATN (Chi e 5   Residence URY AT RK7 /ES 2   NO e and place, and due eath occured at the	Part I. 24  1  Ock only one)  6 Other (S  281, LOCATIC City or 1	ia. WAS AN. PERFORI  YES 2  Specify)  IBE NOW IN  ON (Street a. Sown, State)	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Rural Ro  od.  cause(a)	WERE AUTOPS: AMAILABLE PRINC COMPLETION OF DEATH?  1 YES 2	FINDINGS OR TO F CAUSE  NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant and the cause in the ca	conditiona conditiona	DUE TO  DUE TO	(OR AS A CO	consequence consequence t not resultin  tient 3 DO  28b.  At home, farm  To (ITEM 27) (ITEM 27) (ITEM 27)	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 28c. INJ WO 1	g cause given in  ACE OF DEATN (Che  5   Residence URY AT RK? 7ES 2   NO  e and place, and due eath occured at the	Part I. 24  1  1  Ock only one)  6 Other (S  28d, DESCR  281, LOCATIC City or 1  to the cause( time, deta and	Decity)  DON (Street a. down, State)  a) and manual diplace, and	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Rural Ro  d. cause(a)  SIGNED (	WERE AUTOPS: AMALABLE PRIN COMPLETION O OF DEATH?  1 YES 2 [	FINDINGS OR TO F CAUSE  NO stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant of the condition of the conditi	conditiona conditiona	DUE TO  DUE TO  DUE TO  DUE TO  Contributing to  Contribu	(OR AS A CO	consequence consequence t not resultir tent 3 DO/ 28b.  At home, fan dge, death occ and/or investig	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 28c. INJ WO 1	g cause given in  ACE OF DEATN (Che  5  Residence URY AT RK? RES 2 NO  and place, and due eath occured at the	Part I. 24  1  Ock only one)  6 Other (S  281, LOCATIC City or 1	Decity)  DON (Street a. down, State)  a) and manual diplace, and	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Rural Ro  d. cause(a)  SIGNED (	WERE AUTOPS: AMAILABLE PRINC COMPLETION OF DEATH?  1 YES 2	FINDINGS OR TO F CAUSE  NO stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant of the cause of	conditiona conditiona	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  CONTRIBUTING TO  CONTRIBUTING TO  CONTRIBUTING  DUE TO	(OR AS A CO	consequence consequence t not resultir tent 3 DO/ 28b.  At home, fan dge, death occ and/or investig	OF): OF): OF): OF): OF): OF): OF): OF):	28. PL HER: Nursing Nom 28c. INJ WO 1	g cause given in  ACE OF DEATN (Che  5   Residence URY AT RK? 7ES 2   NO  e and place, and due eath occured at the	Part I. 24  1  1  Ock only one)  6 Other (S  28d, DESCR  281, LOCATIC City or 1  to the cause( time, deta and	Decity)  DON (Street a. down, State)  a) and manual diplace, and	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  or Rural Ro  d. cause(a)  SIGNED (	WERE AUTOPS: AMALABLE PRIN COMPLETION O OF DEATH?  1 YES 2 [	FINDINGS OR TO F CAUSE  NO stated.



5 should be detached for use as the burial-transit

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the attending physician and complete, Led in by the tuneral director, page 5 should be detached to file within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hos	Led in by the funeral director, page 5 should be detached on, or removal.	remedical examiner must be notified at once.
<b>분분호통</b>	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and complete within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, t

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

James E.

FOR 1 - STATE	STATE OF						MENTAL HYG			
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)			ERTIFIC	JAIE U	F DEA	IH	REG.			3. TIME OF DEATH
	T 772 W77 F72 TW						MONTH	DAY	YEAR	
ROY FRANKLIN VA	LENTINE 5. SEX			IF UNDER 1 YEAR IF UNDER 24 HRS.			July 24, 1994			11:35 p M
	MONTHS DAYS I							er)	6. BIRTI	HPLACE (State or Foreign try)
217-12-2339	1X M 2 □ F	94	YRS.				July 29,	1899	Mar	yland
9e. FACILITY NAME (If not institution, give a	treet end number)		- 1	9b. CITY, TOW	OR LOCATI	ION OF D	EATN	9c. CO	UNTY OF I	DEATN
Citizens Nursin	nor Home			Frede	rick			Fr	eder	ick
RESIDENCE OF DECEDENT									CUCI	
10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LO	ATION					10d. INSIDE CITY LIMITS?
Maryland Fred	derick		Thu	urmont						1 TYES 2 NO
10e. STREET AND NUMBER				- 1	101. ZIP COD	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
303 E. Main St.					21788			T	J.S.A	
11. MARITAL STATUS	12 WAS DECEDE	NT EVER IN U.S. A	RMED			OF NISPA	NIC ORIGIN? (Speci		-	E — American Indian.
1 Never Married 2 Merried	FORCES?	1 YES 2 WAR OR DATES 2	NO	If yes,	specify Cubi	nn, Mexico	an, Puerto Rican, et		Blac	ck, White, etc.
3℃ Widowed 4 □ Divorced	IF YES, GIVE	HAN ON DATES -	_	1 1 1	ES 2X NO	Speci	ry:		Spec	ite
15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S U	SUAL OCCUPA	TION		16h KIND O	F BUSINESS/IN		TCE .
(Specify only highest grade	completed)		Give kind of wo	rk done during	most of world	ing	TOOL KIND O	1 0001111.00711	ibooini	
Elementary/Secondary (0-12)	College (1-4 or 6	+)		,			- I			
	N/A		overnr	ment E	_			Detri		
17. FATHER'S NAME (First, Middle, Last)					18. MOT	'NER'S NA	AME (First, Middle, M	laiden Surname)		
Harvey E.	Valer	ntine			Ade	die	В.	Tro	xel1	
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILINO A	DDRESS (Street	t end Numbe	r or Rural	Route Number, City of	or Town, State, 2	Ip Code)	
Marian L. Delau	iter (Dai	ahter	17509	Harba	ich V	2116	v pd v	ahilla	esri 1	10 Md 2179
20a. METNOD OF DISPOSITION			E OF DISPOSIT					c. LOCATION -		
N Burlai 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	other	place)			, ,				
21. SIGNATURE OF FUNERAL SERVICE LI	DEMOTE	_ Mt. T	abor (		AND ADDRE	100 AF E	7/27 R	OCKY K	rage	, Ma
all didn't of foreign and	ot its							n Fune	ral	Homes, P.A.
Ar Ar							t., Thur			
23 PART I. Enter the disesses, or	complications th	st caused the	deeth. Do no							Approximate
ahock, or heart fellure.	List Dnly one ca	use on each lli	18.		•					interval Between
IMMEDIATE CAUSE (Fine)	2		10	/ .	+		7-1			Onset and Death
resulting in death)	• DR	OR AS A CONS	AKCI	MARIAN	44	41	(			wech
	DUE TO	OR AS A CONS	EOUENCE OF)		0					
	B	PIT								yearn
Sequentially list conditions, if any, leading to immediate	DUE	OR AS A CONS	EOUENCE OF	-						
cause. Enter UNDERLYING	. 1	anal 1	und	Ville	Man					5 Was
CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONS	EOUENCE OF	U	1					1000
resulting in death) LAST										
	d								-	
PART II. Other significant condition	na contributing t	o death but not	resulting ip	the underly	ing cause	giveg in	Part I. 24s. W	AS AN AUTOPS	7 24	b. WERE AUTOPSY FINDINGS
HO CUA: 1	1 & carate	THE O SMI	haut	w. I	wise	rte	10 11 10	RFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
11157	7 + 214	111	0-	5 X/D A	1	(	1 V	ES 2 ND		OF DEATH?
NIDDIA	recei ju	ways	1	VIL	Wyoul	<i>T</i>		-		1 YES 2 ND
			/							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL				PLACE OF I	DEATH (C	heck only one)			
1 TES 2 NO	HOSPITAL:	☐ ER/Outpatient		OTHER:	ome 5 🗆 R	lesidence	5 Other (Specifi	y)		
27. MANNER OF DEATH	28a. DATE D	F INJURY	25b. TIME	OF 28c.	NJURY AT		28d. DESCRIBE		CCURED	
1 Netural 5 Pending	(Month,	Day, Year)	INJU		WORK?	ND				
2 Accident Investigation	28e. PLACE	OF INJURY — At	home ferm et				28f. LOCATION (S	Street and Numb	er or Russi	Brute Number
3 Suicide 5 Could not be 4 Nomicide determined	building	, etc. (Specify)		,			City or Town,	State)	or murar	rouse rearrages,
100000										
29a. CERTIFIER 1 CERTIFYINO PNYS	ICIAN: To the best	of my knowledge,	death occurred	at the time, d	ate and plac	e, end du	a to the cause(a) ar	d manner as a	inted.	
nee!	ER: On the basis of	examination and/o	r investigation	, in my opinio	, death occu	ared at the	e time, data and pla	ce, and due to	the cause	(a) and manner ee stated.

29c. LICENSE NUMBER

D 10885



Jr.,

Stoner,

CAUSE OF DEATH (ITEM 27) (Type, Print)

28

 $M \cdot D$ .

29d. DATE SIGNED (Month, Day, Year)

1 - STATE REGISTRAR	SIAIE UF N			ICATE OF			MENTAL HYG REG				
1. DECEDENT'S NAME (First, Middle, La	nst)						2. DATE OF DEA		YEAR	3. TIME OF DEATN	
Winifred S. Vi	inevard	- AAR da too	1 to the sales A		1		07	13	94	9:23 am	
096-16-4454	1 M 2 K F	6. AGE (in yrs. les	YRS.	IF UNDER 1 YEA		MIN.	7. DATE OF BIRTH (Month, Day, Ye	onth, Day, Year) Country)			
9e. FACILITY NAME (If not institution, gi		74	11101	9b. CITY, TOW	N OR LOCATI	ON OF D	July 6, 19	_	New York		
	Wicomico Nursing Home					011 01 01					
RESIDENCE OF DECEDENT					sbury				Wicom		
	comico			v, town on Lo alisbu						10d, INSIDE CITY LIMITS?	
Maryland Wi	Comiteo			allsbu	10f. ZIP COD	e .		10- 0	717571 05 1	1 YES 2 NO	
916 Riverside	Dr.				2180				SA	VHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		MED IO	If yes,		n, Maxica	IIC ORIGIN? (Speci n, Puerto Rican, et /:		Speci		
15. DECEDENT'S I	FDUCATION	WW II	CEDENTS	USUAL OCCUPA	TION		Task KIND O	F BUSINESS/II	Whit	e	
(Specify only highest gi		(Gi	ive kind of v Do NOT us	work done during	most of working	ng	160. KIND O	T BUSINESS/IF	ADOSTRA		
12	6	. 1	urse				Me	dical			
17. FATHER'S NAME (First, Middle, Last)					100		ME (First, Middle, M	alden Sumame)			
Clarence (unk	Smith					lda	Sophia		hala		
19a. INFORMANT'S NAME (Type/Print) Dr. Paul W. Vin	evard						Route Number, City of alisbury				
20e. METHOD OF DISPOSITION		20b. PLACE	AND DATE O	OF DISPOSITION	(Name of		DATE 20	c. LOCATION -		wn, State	
1 Burial 2 XCremetion 3 R 4 Donation 5 Other (Specify)	lemoval from State	Salis	bury	Cremat	ory		7/15	Salisb	ury,	MD	
21. SIGNATURE OF FUNERAL SERVICE	UCENSEE				AND ADDRE		eral Hom	10			
10/2/0/	My	1h					l Rd., S		ry, M	1D 21801	
23. PART I. Enter the diseases, ahock, or heart failu	or complications the	t ceused the de	ath. Do r	not enter tha	mode of dy	ing, auc	h ae cerdiec pr	reapiratory a	rreat,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel disease or condition										Onset and Death	
reaulting in death)	a. Advance	OR AS A CONSEC			sis					35 yrs.	
	- 1	TON NO A CONSEC	OLNOE OF	· ·							
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	OUENCE OF	F):							
CAUSE (Disease or Injury	c.	(OR AS A CONSEC	HENCE OF	n.							
thet initiated events resulting in death) LAST		(OII NO A CONSEC	SOENCE OF	, ,.						İ	
Diggs II On and III	d										
PART II. Other algnificant conditions			eeuiting (	in the underly	ring ceuse (	given In	Part I. 24a. W	REFORMED?	7 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
Right lower lo Quadraplegia s							1 🗆 Yı	ES 2 NO		OF DEATH?	
	secondar y	10 11.5.					- 1.			1 PES 2 NO	
ASCVD 25. WAS CASE REFERRED TO MEDICAL	.			26	PLACE OF D	EATN (Ch	eck only one)				
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	lome 5 🗆 Re	sidence	6 Other (Specify	')			
27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIM INJ	E OF 28c.	INJURY AT WORK?		26d. DESCRIBE H	IOW INJURY O	CCURED		
1 Natural 5 Pending 2 Accident Investigation						NO NO		_			
3 Suicide 8 Could not 4 Homicide datarmined	building.	F INJURY — At ho etc. (Specify)	me, farm, s	street, factory, o	ffica		28f. LOCATION (S City or Town,	treet and Numb Stete)	er or Rural R	loute Number,	
29a. CERTIFIER 1 X CERTIFYINO PH	IYSICIAN: To the best of	my knowledge, de	ath occurre	ed at the time, d	ate end place	, and due	to the cause(s) and	d manner ee st	ated.		
0.001	fINER: On the beele of a									) end manner se stated.	
296. SIGNATURE AND TITLE OF CERTI	FIER /	200		20	29c. LICI	ENSE NUI	ABER			(Month, Day, Year)	
Aregeres	ne. S	elle	2/	Wel,	D-	299	505	100	77-1	3-94	
O. NAME AND ODRESS OF PERSON	Ralloca =M			<sub>Print)</sub> Beechwo	od PI.		Crisfie	d. Md.	2181	7	
31. DATE FILED (Month, Day, Year)	32, REGISTRA	R'S SIGNATURE						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
JUL 15 199	14 Stille do	wedson Ran	telle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

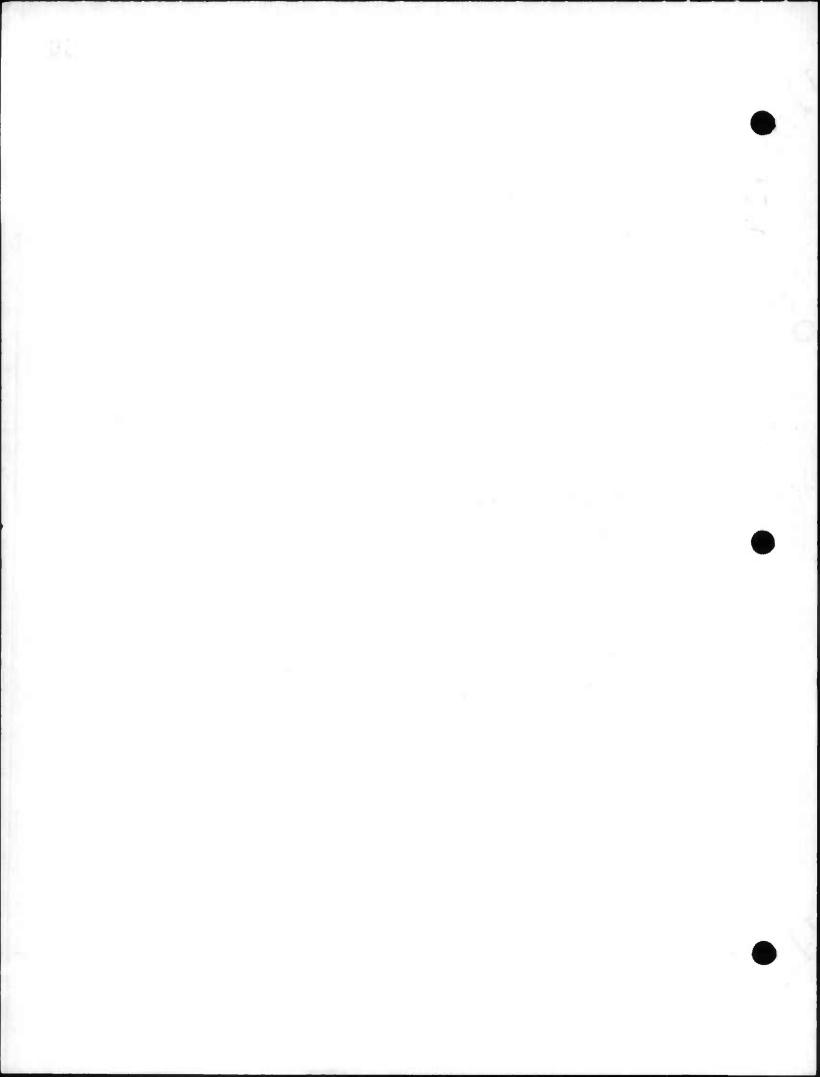
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTOR

THE STATE OF THE S

(IVA)

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	
DIVISION OF VITAL RECORDS, P.O. BOX	
DIVISION OF VITAL RECORD.	
DIVISION OF VITA	
DIVISIO	

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle CLAS)	15 HAINES	WISN	ER		2. DATE OF DEATH MONTH DAY	19 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-38-6503	1 🗆 M 2 🛣 F	79 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Modif), Day Year) 6-8-1915	Mai	HPLACE (State or Foreign ryland
9a. FACILITY NAME (If not institution  Carroll Co. (  RESIDENCE OF DECEDIOR	Gen. Hospital	98	Westmi:	nster	ATH	Carro	
10a. STATE 10b.	Carroll		own or Locate	ON			10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 5400 Hoffman	nville Rd.			ZIP CODE 21107		U.S.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		IIC ORIGIN? (Specify Yes or n, Puerto Rican, etc.)	No — 14. RAC Blac Spec	E — American Indian, ck, Whita, stc.
15. DECEDEN (Specify only high Elementary/Secondary (0-12)	IT'S EDUCATION est grade completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re School I	done during mos stired.)	t of working	166. KIND OF BUSIN	ESS/INDUSTRY	
17. FATHER'S NAME (First, Middle,	Last	School 1	ous DIT		ME (First, Middle, Maiden Su		
John F. Hair					me (First, Middle, Maiden Su .e Landes	mame)	
19s. INFORMANT'S NAME (Type/P)		19b, MAILING AD	DRESS (Street at		Route Number, City or Town,	State Zin Code1	
William Basil	Wiener	The Control of the Co			Millers, M		17
204, METHOD OF DISPOSITION	201	PLACE AND DATE OF				TION City or T	
1 Donation 5 Other (Spec	☐ Removal from State Ces	ew Luthers			1	hester,	
21. SIGNATURE OF FUNERAL SEI	RVICE LICENSEE			D ADDRESS OF FA			
. y. Hai	th Echhali	6	3296 C	harmil I	ral Chapel or. Manchest		21102
23. PART I. Enter the diseet ahock, or heart iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	espes	st ence	cance	in the second se	Approximate Interval Between Onset and Death		
PART II. Other algnificant co	onditions contributing to death b	out not resulting in t	the underlying	ceuse given in	Part I. 24a. WAS AN AL PERFORMI 1 TYES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
1 TYES 2 NO	1-2 Inpetient 2 - ER/Out		THER:  Nursing Home	5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Inves	28a. DATE OF INJURY (Month, Day, Year) ing	28b. TIME O	Y WO	PRY AT RK?	28d. DESCRIBE HOW INJ	URY OCCURED	
3 Suicide 6 Could 4 Homicide deter	d not be building, etc. (Spe	? — At home, farm, stre	et, factory, office		28f. LOCATION (Street and City or Town, State)	Number or Rural	Route Number,
	IG PHYSICIAN: To the best of my know EXAMINER: On the basis of examination						(a) and menner as stated.
29b. SIGNATURE AND TITLE OF C	stur In	0		29c. LICENSE NUI	MBER 44614	DATE SIGNE	9 / 9 4
John John	A Steven	S WSD Pri	54	z Wa	slington	e Rd	Westuin
31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIGN	ALL			3		MS

JUL 21 1994 Jam Murilean Revolate

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the law requires that the death certificate be executed within the law requires that the law requires that the death of the attending physician and completely weld in by the funeral director, page 5 should be deteched filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hosp	y the funeral director, page 5 should be detache noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be esecuted within TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely we filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation iMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the		SING	d in be	e medi
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Ma be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the

CHITRACHEDY

31. DATE FILED (MONTH), Day, Year)

JUL 21 1994

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE DF M	IARYLAND / [ CE		MENT OF I				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						1	. DATE OF D	EATH		3. TIME OF	DEATH
	Lester J.	Wolf						Sul	1-11	19	94 8	21 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t		F UNDER 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF B	AFC(VI	0.1	BIRTHPLACE (State	or Foreign
	212-24-7052	1 7 M 2 🗆 F	65	YRS.	DATS	HOURS	Ma	ay 25	,1929		MD	
~	aa. FACILITY NAME (If not institution, give s				9b. CITY, TOWN			Н	9c.	COUNTY	OF DEATH	
10	4027 Rinehart Rd	•			Westm	<u>inste</u>	r			Carr	o11	
EC	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE	
DIRECTOR	Carro	11		West	minste	2					1 YES	
AL	100. STREET AND NUMBER	_				r. ZIP COD	E		109	. CITIZEN	OF WHAT COUNT	RY?
FUNERAL	4027 Rinehart R	d				2115	8		U	ISA		
5	11. MARITAL STATUS  1 Never Married 2 1 Merried		T EVER IN U.S. ARM				OF HISPANIC In, Maxicon, F		pecify Yes or N	lo— 14.	RACE — American Black, White, etc.	Indian,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1 🗆 YE	8 2 / NO	Specify:				Specify: Whit	e
	15. DECEDENT'S EDU				SUAL OCCUPAT			16b. KINI	D OF BUSINES	SS/INDUST	RY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+	He E	e kind of wo Do NOT use	rk done during m retired.)	ost of world	ng					
MPL	6			Mach	inist			S	hoe Fa	ctor	V	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAME	(First, Middle	s, Meiden Surni	ame)		
BE	Claude Wolf				DDRESS (Street	Ad	a Lip	DV.				
10	190. INFORMANT'S NAME (Type/Print)  Lana Wolf										le)	
•	20e. METHOD OF DISPOSITION				inehart			inste		_		
	1 Donation 5 Other (Specify)	oval from State	other place	col	Mary's			- 1			or Town, State Run, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES /		7		_	SS OF FACIL	лү	DI	TVCI	Kuii, Fib	
	· D.1	1 /1	the.		Littl	les'F	.н. 34	Maple	e Ave.	Litt	lestown,	PA1734
	wha	W Let		1	•			-				
		and plications that	a newspard that does	4 / Da no	A coston the m	ada at di	lan auch a	o conflor			1 Anna	and market
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		List only one cau	ise on each line.							ry arrest	Inten	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Willer melvin 07 Ashley 20 0350 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) Aug 22, 1927 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign XX M 2 □ F 213-22-7270 66 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Dorchester General Hospital Cambridge Dorchester RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Cambridge Maryland Dorchester YES 2 NO permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 411 Light Street 21613 use as the burial-transit US hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerta Rican, etc.)

1 YES X X NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES X 1 Never Married Specify: White 8 3 Widowed X Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade page 5 should be detached for Flementary/Secondary (0-12) College (1-4 or 5 +) 6 Carpenter/Roofer notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Melvin Ashley Willey, Sr. Delia Hughes Raleigh BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 610 Academy St. Cambridge MD 21613 Jackie Willey pe 20e, METHOD OF DISPOSITION

(A) Burlel 2 Cremation 3 Removal for 4 Donation 5 Other (Specify) ...

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must director, Dorchester Memorial Park Cambridge, Maryland examiner 22. NAME AND ADDRESS OF FACILITY the funeral Thomas Funeral Home 700 Locust St. Cambridge, Maryland 21613 medical 23. PART /Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. signed by the attending physician and completely filled in by . Health and Mental Hygiene prior to burlal, cremation, or remo Approximata Interval Betw End-stage Chronic Obstructive Pulmonary Onset and Doeth IMMEDIATE CAUSE (Final traumatic event, the disease or condition 3045 End stage chronic Dum disease resulting in death) HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSCOUENCE OF): Disease Severe tobacco 50 Y15 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE shows amy 1 YES 2 1 NO OF DEATH? 1 | YES 2 | NO has been a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) h with the State [ **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA s 5 ☐ Residence 9 ☐ Other (Specify) 6 27. MANNER OF OEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural 1 YES 2 NO DIRECTOR: After the hours after death v 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Team, State) 6 Could not be COMPLETED 50 4 Homicide 29a. CERTIFIER

(Chack now)

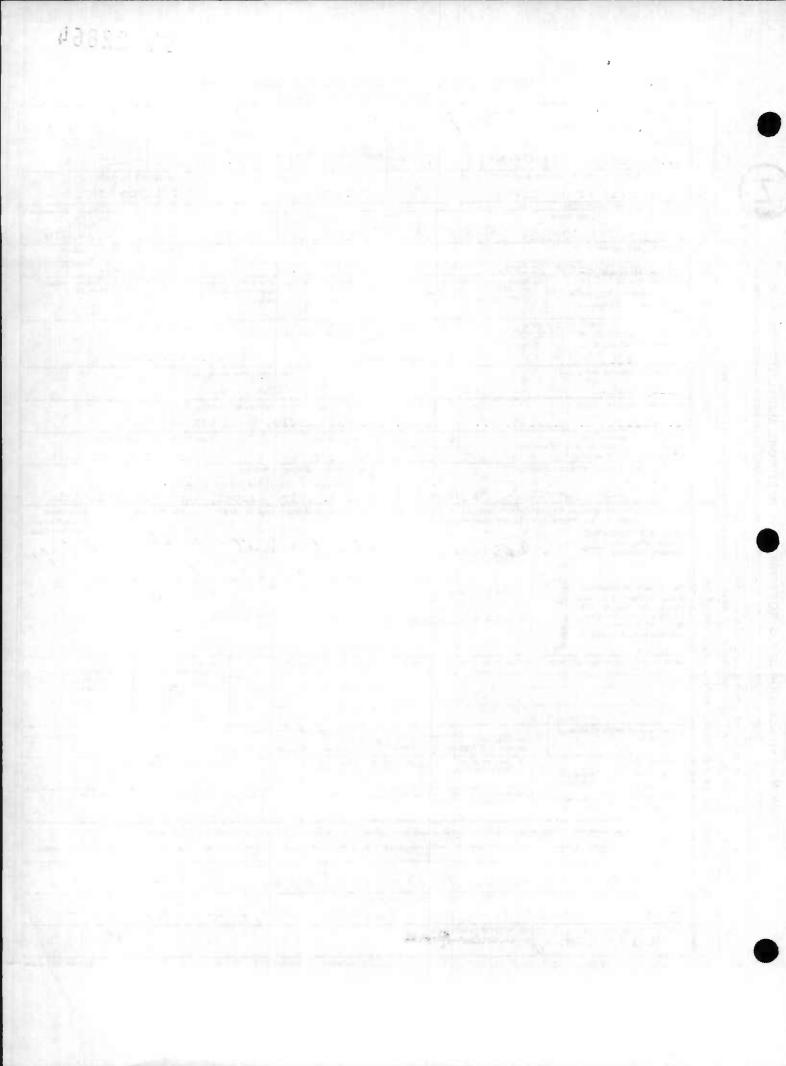
1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL WITHIN 72 P 2 MEDICAL EXAMINER: On the basis of examination TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 144 7/ 211 94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dutch man 503 Whitesell Peter mD 32. REGISTURAR'S GIGNATURE
JULY ORWELDS ROYSOLL 31. DATE FILEO (Month, Day, Year) 2

00 . .

Pos	TO THIE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mounts after death. Page 6 may be retained by the host	T DIF	be files within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	He	
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1	FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEI	_	
	1. DECEOENT'S NAME (First, Middle, Last) EMDGENE	SHARF			2. DATE OF OEATH	1994	SAR 9.15 A M
	4. SOCIAL SECURITY NUMBER 577-58-2490	1 🗆 M 2 🔀 F	57 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 24,	1.0	BIRTHPLACE (Store or Foreign Courty) Virginia
TOR	9a. FACILITY NAME (If not institution, give etc. 6401 Kno11 Brook I			attsville	DEATN	Princ	of DEATH Ce George
DIRECTOR	10a. STATE 10b. COUNTY	nce George	1000	n or Location rattsville			10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6401 Knoll Brook			10f. ZIP CODE 20783			S.A.
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	3. WAS OECENDENT OF HISP/ If yes, specify Cuben, Maxic  1 YES 2 X NO Spec	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
COMPLETED	16. OECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT use retire	ne during most of working d.)	16b. KIND OF BU	JSINESS/INDUST	TRY
N N	12th 17. FATHER'S NAME (First, Middle, Last)		Secretar	7	AME (First, Middle, Maide	00102111	nent
BEC	Harry Dade				a Sharp		
0	19a. INFORMANT'S NAME (Type/Print) Mr. William H. Win	ston, Jr.		ess (Street and Number or Rura conic Circle,			<sup>do)</sup> 2026
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remo	oval from State come	PLACE AND DATE OF DISP	ce)		DCATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		Warrenton (	2. NAME AND ADDRESS OF F JOYNES FUNER 35 N. Third	AL HOME, I	NC.	
	23. PART I. Enter the disease, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one cause on ea	ch line.	the leren			Interval Between
CEMINICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):			Jo	
FA	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
MEDICAL	PART II. Other aignificant conditions	contributing to death bu	it not reaulting in the	underlying cause given li		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z P	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C	heck only one)		
PHYSICIAN:	1 YES 2 NO	1 Inpatient 2 ER/Output 28s. DATE OF INJURY	oTH 3 DOA 4 1	turning Home 5 Residence	6 Other (Specify)	(N. H. INV. 6604)	
BA BA	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE NOW	INJURY OCCUR	EU
	3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street, (fy)	actory, office	281. LOCATION (Street City or Town, Stell	and Number or i	Rural Route Number,
COMPLETED	onel			e time, data and place, end du ny opinion, death occured at th			euse(a) and manner as atated.
쀪	296, SIGNATURE AND TITLE OF CERTIFIER	race n	1.)	296 LICENSE NO	IMBER 879	29d DATE SI	ONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	IF TON DA	LARGE	MB	20772
	AUG 1994	32. REGISTRAR'S SIGNA	THRE				





BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within flow after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p		
i may be retained by the ho	tor, page 5 should be detact		ust be notified at once.
fours after death. Page	filled in by the funeral direct	tion, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
sertificate be executed within	ing physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	other traumatic event,
aw requires that the death of	s been signed by the attend	pt. of Health and Mental Hy	3 shows any injury, or
ENDING PHYSICIAN: The Is	DR: After this certificate has	ter death with the State De	8 is marked, or item 2
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECTI	be filed within 72 hours at	IMPORTANT: If Item 2

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIENE REG. NO.			
		ANNA FLORENC				2. DATE OF DEATH DAY	3,94	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER  315-14-0328  9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	69 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.  OR LOCATION OF DE	7. DATE OF SHITH (Morth, Day, Year) FEB. 4. 1925	Count	RYLAND	
ECTOR	ELLISON'S REST H				OWN, MD.	ALT.	CARROLI		
DIREC	10e. STATE 10b. COUN	EDERICK		TOWN OR LOCA				10d. INSIDE CITY LIMITS?  t X YES 2 NO	
	100. STREET AND NUMBER 21 FEDERAL HILL	LUCINION		10	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (X) NO	13. WAS DEC	ENDENT OF HISPAN	NC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No — 14, RAC	E — American Indian, k, White, atc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 6+)	16a. DECEDENT'S US (Give kind of wo. life. Do NOT use HOUSE M	rk done during mo retired.)		166. KIND OF BUSI			
BE COM	17. FATHER'S NAME (First, Middle, Last) LEONARD RUB	EN STONESIFE				ME (First, Middle, Maiden S ARGARET BUR	umame)	1SBUR <b>G</b>	
TO E	190. INFORMANT'S NAME (Type/Print)  LESTER G. WASTL 200. METHOD OF DISPOSITION			RAL HI	L. EMMI		State, Zip Code)  21727  ATION — City or To		
	1 M Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE L	moval from State Ceme	etery, crematory or othe MMITSBURG	MEMOR 222. NAME A	AL ID ADDRESS OF FA	7/26 EMMI	TSBURG. FUNERAL	MD. 21727 HOME	
CERTIFICATION	23. PAST I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A. DUE TO (OR AS A. C.	CONSEQUENCE OF):	umon		n aa cerdiac or reapin	story arrest,	Approximate Interval Between Onset and Death	
MEDICAL	Diab	one contributing to deeth be		dent	ZWK	PERFORM 1 YES 2	ED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1								
COMPLETED	anal stay	SICIAN: To the best of my knowleten: On the bests of examination						a) end manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	THO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, F	rint)	29c. LICENSE NUI	WBER DL	29d, DATE SIGNE	0 (Month, Day, Year) 03 94	
	31. DATE FILED (Month, Day, Voar)  JUL 2 7 199	32. REDISTRAR'S SIGNA	ATURE Rarball	04N	11 Jakon	junion	DRU	de l'INDIA	

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31. DATE FILED (Month, Day, Year)

	1. DECEDENT'S NAME (First, Middle, Last)			ERTIFICAT	EOI	PUEAIR	2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
	VADA M 4. SOCIAL SECURITY NUMBER	5. SEX 6. /	VGE (In yrs. le	WILI	ING!		. 7. DATE OF I	24	94	12:40 AM  HPLACE (Stote or Foreign
	220-20-4348	1 □ M 2 🔀 F	81	YRS. MONTH	1		MA	y, Year)	Coun	exville, Mi
DIRECTOR	NORTH ARUNDEL HC RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	SPITAL ASS	OCIAT	ION 10c. CITY, TOW	GLEN OR LOC		DEATH	9c. CO	A . A	COUNTY  10d. INSIDE CITY LIMITS?
	Manuland Anne 100. STREET AND NUMBER	Arundel	15	Glen		LC 101. ZIP CODE				1½ YES 2 ☐ NO WHAT COUNTRY?
LONERAL	1218 Cathedral D	rive	- 30		27	21061		U.	SA	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 X	RMEO 1	If yes,	ECENDENT OF HISF specify Cuben, Mex ES 2 X NO Spe	ican, Puerto Rica	pecify Yes or No— n, atc.)		CE — American Indian, ck, White, atc.  CHY: White
	15. OECEDENT'S EDUC (Specify only highest grade	completed)	16a. Di	ECEDENT'S USUAL Give kind of work dor b. Do NOT use retired	OCCUPA ne during i	TION most of working	16b. KIN	ID OF BUSINESS/IN	IOUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		usewile	/		Ho	memaken		
	17. FATHER'S NAME (First, Middle, Lest)				7		NAME (First, Middle Pearl A	le, Malden Sumame)		
	Lesten Invin Coo	per	19	9b. MAILINO ADORI	SS (Street			a	(in Code)	
	198. INFORMANT'S NAME (Type/Print)  198. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)  Linda Lou Howard  1218 Cathedral Drive, Glen Burnie, MD 21061									
	20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of DEPOSITION (Name of DEPOSITION OF DISPO									
	21. SIGNATURE OF FUNITRAL SERVICE LIC Barbara H. Wi	lliams, Ow	Liu ner	nsville 1	John	AND ADDRESS OF	Liams Fu	ineral H	ome.	
	Banbana A. Williams, Owner 100 Petersville Rd., Brunswick, MD 21716  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, interval Betwee IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Difference of the consequence of the con									
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
שבסוסדו	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CAU									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		PLACE OF OEATH	(Check only one)			
	1 VES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER	URY	3 DOA 4 1	Jursing H	ome 5 - Residence	1	BE HOW INJURY O	CCUREO	
-	Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Y	JURY — At h	INJURY M	1 [	WORK? YES 2 NO		ON (Street and Numb	er or Rural	Route Number,
	4 Homicide determined	building, atc.	(Specify)		5.		City or To	own, Stete)		
a l	290. CERTIFIER					ate end place, and o				

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ELLIOTT GORBATY, M.D./7845 OAKWOOD RD #203/GLEN BURNIE, MD 21061

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	perime lages	J. S. S. S. S. S. S.
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be retained by the hospital or attending physician,	for use as the burial-trains	
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**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

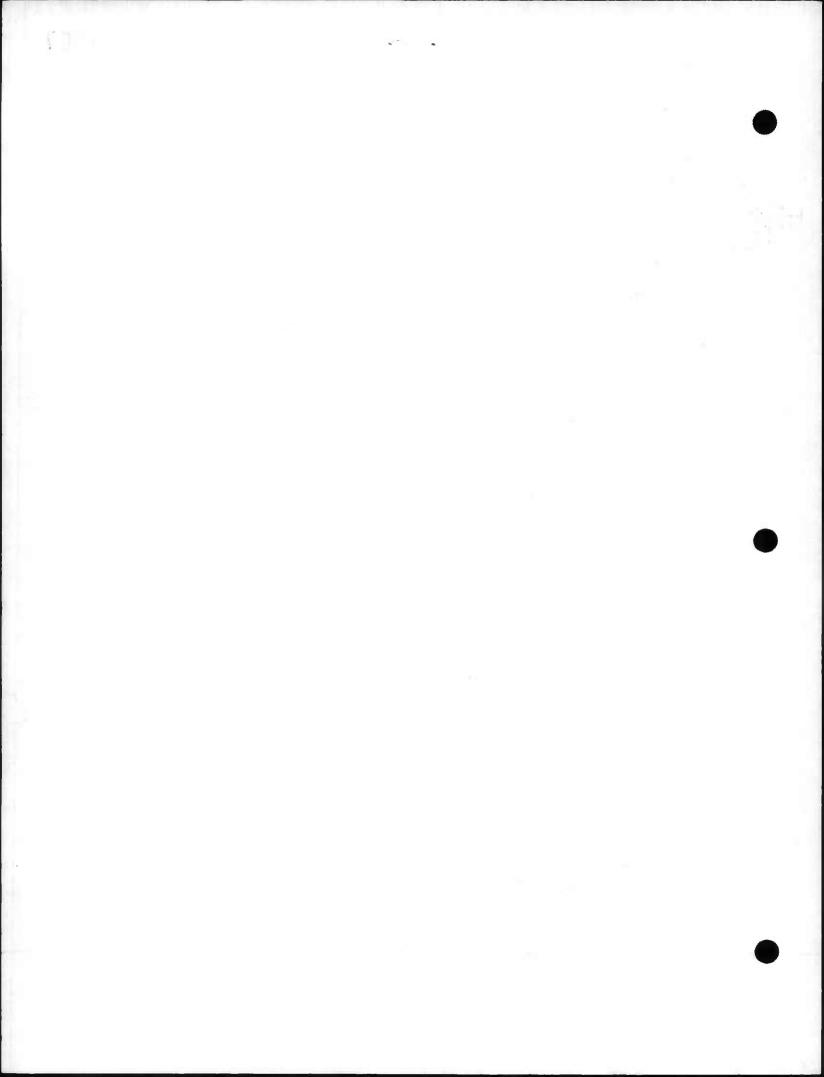
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	100/ YEAR	3. TIME OF DEATH		
	RICHARD		CHOMAS	WH	EATLEY	JULY	20,	1994 YEAR	6:05 P		
	4. SOCIAL SECURITY NUMBER 217-36-7499	1 ☐ M 2 □ F 8.	(In yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 2 - 9 - 1	909	8. BIRT	THPLACE (State or Foreign MD		
OR	OLIVER SHOP ROAD			96. CITY, TOWN LA PLA	OR LOCATION OF O			9c. COUNTY OF CHARLE			
DIRECTOR	10e. STATE 10b. COUNTY MD Char	·		y, town on loc	ATION				168. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER 8120 Oliver Sh	op Rd.			01. ZIP COOE 20646			10g. CITIZEN OF	The YES 2 → NO  WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	RIN U.S. ABMED	If yes, s	CENOENT OF HISPAI pecify Cuban, Maxics S 2 NO Specif	an, Puerlo Ricer	pecify Yes o	or No — 14. RA	CE — American Indian, ock, White, etc.		
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of the Do NOT us	work done during n	ION post of working	16b, KIN	D OF BUSI	NESS/INDUSTRY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Farm	ner	Tan Movumento Ma		`armi				
BE C	17. FATHER'S NAME (First, Middle, Lest)  James B. Wheatley  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip								ley		
2	Harry Wheatley		8120	Olive:	Shop F	Rd. La	Plat	a,MD			
	206. METHOD OF DISPOSITION 14 Burlel 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of content (Specify) CreMarry of NSCO) Bryantown Cem. 7/25/94 Bryantown, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0945  MO0945  AREHART-ECHOLS FUNERAL HOME, INC. LaPlata MD 20646										
	23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cardiec or reapiratory arrest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  DUE TO (OR/AS A CONSEQUENCE OF):  DUE TO (OR/AS A CONSEQUENCE OF):  Sequentially, list condition.										
CERTIFICATION	Sequentially list conditions, if any, isoding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	c. Photo	S A CONSEQUENCE OF CO	F): NCW	White				3yra		
DICAL	PART II. Other eignificant condition	s contributing to deeth	but not resulting	in the underlying the last of	ng ceuse given in		. WAS AN A PERFORM	ED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 E-NO		
Ä.	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF	DEATH	YES NC			- 1			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	utputlent 2   DOA	OTHER:	PLACE OF DEATH (CA						
PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIN	IE OF 28c. II	IJURY AT ORK?  YES 2 NO		-	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)				N (Street an wn, State)	nd Number or Rura	I Route Number,		
COMPLET	one)	CIAN: To the best of my kn							e(s) and manner as stated,		
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	287 110			29c. LICENSE NUI			29d. DATE SIGNE	ED (Month, Day, Year)		
2	ARTHUR O. WOODDY,	MD. 100 WA	DEATH (ITEM 27) (Type SHINGTON	AVENUE	P.O.BOX 4	30 LA	PLATA	A, MARYL	AND20646		
ARTHUR O. WOODDY, MD. 100 WASHINGTON AVENUE P.O.BOX 430 LA PLATA, MARYLAND20646  31. DATE FILED (MONTH, Day, Year)  JUL 2 2 1994  JUL 2 2 1994											



	FOR
1	STATE
•	REGISTRAR

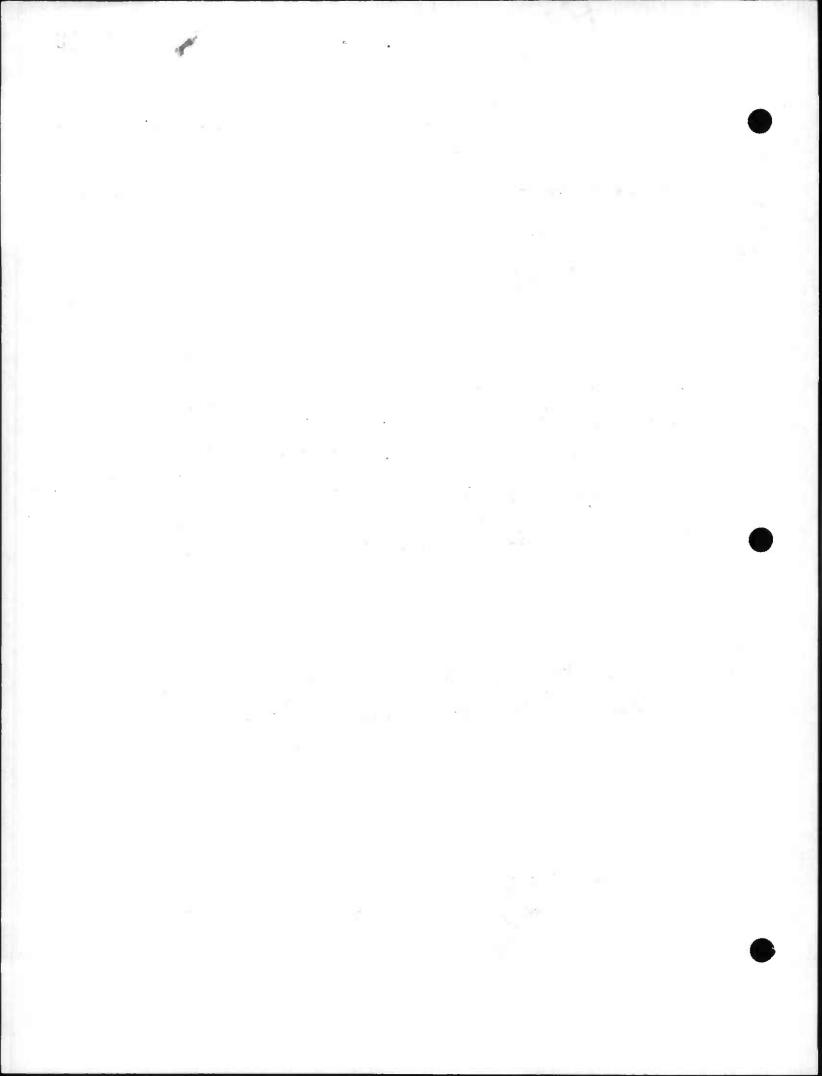
### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERT	<b>IFICAT</b>	E OF	DEATH		REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			3. TIME OF DEATH	
	Norman Andrew Winn	ingham				July	18,°	1994	YEAR	1325	
		GE (In yrs. lest birthd	ay) IF UND	ER t YEAR	IF UNDER 24 HRS.	7. DATE O		エノノセ	· -	HPLACE (State or Foreign	
	412-24-3044 1⊠ M 2 □ F	71 YAS	MONTH	-	HOURS MIN.	Feb.	16,	1923	Count	messee	
	9e. FACILITY NAME (If not institution, give street and number)		9b. Cl	TY, TOWN	OR LOCATION OF	DEATH		9c. COU	INTY OF I	DEATH	
TOR	7017 Grace's Quarter Road				Chase				Bal	Ltimore	
Ä	10a. STATE 10b. COUNTY	10c.	CITY, TOWN	OR LOCA	TION		10d. INSIDE CITY				
L'DIE	Maryland Baltimore		Baltimore					LIMITS?			
FUNERAL DIRECTOR	628 George Avenue			10	21221			10g. CIT	WHAT COUNTRY?		
5	11. MARITAL STATUS 12. WAS DECEDENT EV		13	. WAS DE	CENDENT OF HISPA	ANIC ORIGIN?	(Specify Ye	s or No—	USA 14. RAC	E — American Indian,	
BY F	1 Never Married 2 Married FORCES? 1 VES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)  3 Wildowed 4 Divorced FORCES? 1 VES 2 NO DATES  1 YES 2 NO Specify: Specify:								k, White, etc.		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN	T'S USUAL	OCCUPATI	ION ost of working	16b. F	IND OF BU	SINESS/INI	DUSTRY		
COMPLETED	(Specify only highest grade completed)    College (1-4 or 5+)   College (1-4 or 5+)     Railroad Conductor   Railroad										
× 1	17. FATHER'S NAME (First, Middle, Last)	TRAILIO	au cc	riduc		000 CT 44					
ŏ	Samuel Austin Winningham				18. MOTHER'S N						
BE	19a. INFORMANT'S NAME (Type/Print)	40h MA**	ING ADDE	ee /6			Ann Allred ute Number, City or Town, Stete, Zip Code)				
2	Ruby M. Winningham				we., Bal				1221		
	20e. METHOD OF DISPOSITION	20b. PLACE AND DA				OATE		CATION —		Contract Con	
	1X Buriel 2 Cremetion 3 Removal from State	amotoni aromatoni	or other plan	-1		1				· ·	
	4 Donotton   Sports   Other (Sports)										
	Howard K. McComas III Funeral Home, P.A.										
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.										
	ahock, or heeft failura. List orfly one cause on each line.										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. A cute myscardial infarction										
	resulting in death) - a. House myscarchal marchan										
	DUE TO (DR AS A COMSEQUENCE OF):										
O	Sequentially list conditions, b. OUE TO (DR	AS A CONSEQUENCE	F OE								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	NO A GONGE GENERAL	_ 0. ).							i	
FIG	CAUSE (Disease or injury that initiated events OUE TO (DR.	AS A CONSEQUENCE	E OF):								
R	resulting in death) LAST										
DICAL	PART II. Other significant conditions contributing to dea	4.1				n Part i. 2	4a. WAS AN		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	CHOCKE CHANCELLOW IN	whona	7 00	seus			YES :	NO		COMPLETION OF CAUSE OF GEATH?	
ME	1/0 time Cancer	17 yrs.	U D	مسرر	rusly		•			1 TYES 2 NO	
ä	DID TOBACCO USE CONTRIBUTE TO	CAUSE C	F DEA	TH Y	TES 📋 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				LACE OF DEATH (C	theck only one)					
Z Z	1 YES 2 NO 1 Inpatient 2 ER/	Outpatient 3 🗆 DO	OTHI 4 □ N		me 5 Residence	6 🗆 Other (	Specify)				
H	27. MANNER OF DEATH 28e. DATE OF INJU. (Month, Day, Ve	IRY 28b.	TIME OF	28c. IN	JURY AT ORK?	28d. DESC	RIBE HOW	INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation		M		YES 2 NO						
	3 Suicide 8 Could not be 28e. PLACE OF INJ	IURY — At home, far	m, street, fe	ctory, offi	ce	281. LOCAT	ION (Street Town, State)	and Numbe	r or Rural	Route Number,	
COMPLETED	4 Homicide determined					3.7 3	. J, Glale,	,			
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my is	mowledge, death ocr	curred at the	time, dat	e end place, end du	e to the cause	e(e) end me	nner as ata	rted.		
<u> </u>	one) 2 MEOICAL EXAMINER: On the basis of axamir									e) end manner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					(Month, Day, Year)	
띪	V. Custan Nonera	m.b.			D076			<b>▶</b> 7	7-	20-94	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DE	OEATH (ITEM_27)	Type, Print)		2.10			,			
	J. CROSSAN O'DONOVAN,	2112 90	INBA	LK	AVE.	84	ניס,	n	D .	21222	
31. DATE FILED (MORTH, Day, Your)  32. AEGISTRAR'S SIGNATURE  JUL 2 1 1994  Julia Dawylson-Ranfall											
	JUL 2 1 1994 Julia Dave	you hardall	4								

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

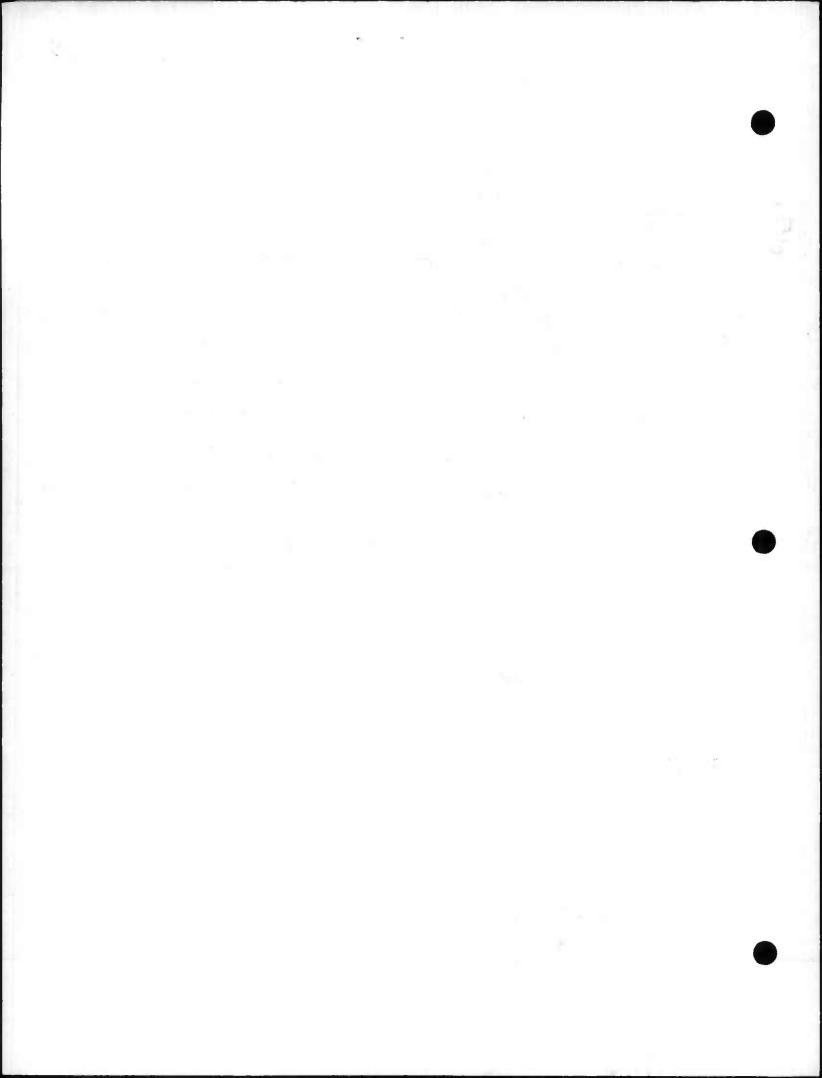


	1 - STATE REGISTRAR			ICATE OF		MENIAL	REG. NO.	_	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE C	F DEATH		3. TIME OF DEATH
	LUISE (nmn)	WOJS				07	20		4 1:30 p.m. <sup>M</sup>
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE O	F BIRTH		B. BIRTHPLACE (State or Foreign Country)
	217-38-2476	1 🗆 M 2 🗸 🗆 F	81 YRS.	MONTHS DAYS	HOURS MIN	Oct.	29,19	12	Czechoslovakia
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF				TY OF DEATH
O.	Lorien Nursing	& Rehabilit	ation Ctr		Belcam	ıp		Ha	rford
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			Y, TOWN OR LOCA					
E		larford	10c. G1		oppa				10d. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER				f. ZIP CODE				1 YES 2 XNO
FUNERAL	205 Chell Road			100	2108	15		10g, CITIZ	USA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMEO		CENDENT OF HIS			or No-	14. RACE — American Indian, Black, White, atc.
ВУ	1 Never Merried 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES			iclly:	can, arc.)		Specify:
	15. DECEDENT'S EDU	ICATION	te- prospension	USUAL OCCUPATI					white
1	(Specify only highest grad	e completed)	(Give kind of	work done during m	ost of working	160.	KIND OF BUS	SINESS/INDU	JSTRY
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Seam	stress			lothi	ng Ma	nufacturer
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First, Mi			
	Johann (nmn)	Stanjek			Anr		(nmn)		ızan
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Ru	rel Route Numbe	r, City or Town	n, State, Zip	Code)
5	Helga W. Zelik		20	5 Chell	Road,	loppa,	Maryl	and 2	21085
	20a. METHOD OF DISPOSITION  1	noval from State	cometery cremetery or c R. A. Fer	OF DISPOSITION (N	ame of	7/22			ester, PA.
	21. SIGNATURE OF FUNERAL SERVICE LI		N. A. ICI	22. NAME A	ND ADORESS OF	FACILITY	-		-
	* Stille	1 Much	4						11 Home, P.A. on, MD. 21009
	23. PART I. Enter the diseases, or	complications that caus	sed the deeth. Do	not enter tha me	de of dying, a	uch aa cardi	ec or reapl	ratory arre	eat, Approximate
	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause or	aach line.						Interval Between Onset and Death
	disease or condition resulting in death)	. EMBOLIC ST	TROKE WITH	1 COMPLE	TE RIGH	T-SIDF	D HFM	IPI FG	
		DUE TO (OR A	S A CONSEQUENCE O	F):					EART FAILURE
o O	Sequentially list conditions,	D	S A CONSEQUENCE O		it, Uliku	1110 001	NULS I	TAE U	LAKI FAILUKE
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	SEVERELY D			SEVERE	LY MALI	NOURIS	SHED	j
Ĕ	CAUSE (Disease or injury that initiated events	NON-INSULT							
F	resulting in death) LAST	MON-THOOF	IN DEPENDE	INI DIAR	FIF2 WF	LLIIUS			
	PART II. Other significant condition	ne contribution to deat	hut met reculation	le di condedide		(- D-1			
S S	DECUTITI OF			in the undariyin	g cause givan	in Part I.	24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
តា	DECOTITION .	JACKAL AKLA.	·				1 TYES 2	(X NO	OF DEATH?
Σ									1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		_		100.00.00.00.				
SICIAN: ME	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH				
PHYS	27. MANNETT-OF DEATH	1 Inpetient 2 ER/O			te 5 Rasident	_	(Specify)	A ILIBA OCC	UBED
	1 Hetural 5 Pending	(Month, Day, Yea		JURY W	PRK?				OTILD
B	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU	IRY — At home, larm,			26f. LOCA	TION (Street a	ind Number o	or Rural Route Number,
ETED	4 Homicide detarmined	building, atc. (S	(pecify)			City or	Town, State)		
ן ב	29a. CERTIFIER 1X CERTIFYING PHYS	SICIAN: To the best of my kn	owledge, death occurr	ed at the time, date	and place, and o	fue to the caus	e(s) and man	ner as state	d.
COMPL	one) 2 MEOICAL EXAMIN	ER: On the basis of examina	ition and/or investigation	on, in my opinion,	leath occured at	the time, data a	nd place, an	d dua to the	cause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	$\overline{}$	~		29c. LICENSE I				SIGNED (Month, Day, Year)
8	alle PC	Jun	ues)		MD DO				7/20/94
이	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)					, = -, - ,
	ALBERT S. C. SUN	N, M.D. 1800	HARFORD	ROAD, FA	ALLSTON	, MD 21	047		
- 1	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SI							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE WASHING



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

1 - STATE REGISTRAR	C		CATE OF		MENIAL HIGIENE REG. NO.	•				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			3. TIME OF DEATN		
CHERYL HAAS	WALTER				July 21,	1994	YEAR	12:10 PM M		
4. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIDTH		O. BIRTHE	PLACE (State or Foreign		
216-34-4464	M 2 🔀 F 57	YRS.	MONTHS DAYS	HOURS MIN.	May 28, 1	937	Country	yland		
9a. FACILITY NAME (If not institution, give street and	d number)	_	9b. CITY, TOWN	OR LOCATION OF DE			ITY OF DE	-		
1010 Whitaker Mill	Road			Joppa ·		Harford				
RESIDENCE OF DECEDENT				зорра						
10a. STATE 10b. COUNTY	-	10c. CITY,	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?		
Maryland Harfo	ra	<u></u>	Jopp					1 TES 2 NO		
10e. STREET AND NUMBER			10	f. ZIP CODE				HAT COUNTRY?		
1010 Whitaker Mill				2108		US	SA			
11. MARITAL STATUS  1 Never Married 2 Married  12. W	AS DECEDENT EVER IN U.S. A ORCES? 1 TYPES 2	RMED NO			IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)	or No-		— American Indian, While, alc.		
	YES, GIVE WAR OR DATES			2 NO Specif			Specify			
15. DECEDENT'S EDUCATION	16e C	ECEDENT'S I	USUAL OCCUPATI	ON	16b. KIND OF BUS	INESS (IND	HOTEV	white		
. (Specify only highest grade comple	ofect) (1		ork done during m		100. KIND OF BUS	INE33/IND	USINY			
Elementary/Secondary (0-12) Colle	2 Enc	rineer	ing Adm	inistrat	or Manuf	actu	rina			
17. FATHER'S NAME (First, Middle, Last)	122				ME (First, Middle, Malden S		-119			
George John Haas				Margar			vt	1		
19a. INFORMANT'S NAME (Type/Print)	.1	Pb. MAILING	ADDRESS (Street		Route Number, City or Town		-			
Angela Y. Yingling						17361				
20a. METNOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal for		AND DATE O	F DISPOSITION (N			CATION —		rn, State		
4 Donation 5 Other (Specify)	m State cemetery, cr	ematory or oth	her place) Jemorial	Gardens	7/23/94 Fa	llst	on, N	Maryland		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY					
· 11011. (11	Howard K. McComas III Funeral Home, P.A.									
23. PART I. Enter the diseases, or compli	cations that caused the c	eeth Do n	1 1317	Cokesbur	v Road. Ab	ingdo	n. M			
shock, or heert feliure. List or	nly one cause on each lin	e.				atory arr	est,	Approximate interval Between		
IMMEDIATE CAUSE (Final disease or condition	Maker	1	Proce	of Car				Onset and Death		
resulting in death) e	DUE TO OR AS A CONS	CUIP OF	10000	W1 -				-		
1 _	DOE TO JON AS A CONS	CODENCE OF	,.							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF	);					+		
cause. Enter UNDERLYING										
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	OUENCE OF	):							
resulting in death) LAST										
PART II. Other significant conditions con	tributing to death but not	regulting is	a the underlyin	a sausa aluan la	Post I as was an					
The state of the s	thousand to death but not	recording it	ii iile underlyir	g cause given in	Part I. 24a. WAS AN A PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE		
					1 TYES 2	HO		OF DEATH?		
DID TOBACCO USE CON	TRIBITE TO CALL	SE OE	DEATH V	ES ED NO				1 TES 2 DIA		
25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAU	OL OF								
EXAMINER? HOS	SPITAL:	• C • • ·	OTHER:	LACE OF DEATH (Ch						
	Inpetient 2 ER/Outpatient 28s. DATE OF INJURY	3 DOA		JURY AT	6 Other (Specify)	LILIDY OCC	HIDEC			
1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY W	ORK? YES 2 NO	28d. DESCRIBE HOW IN	WORT OCC	CHED			
2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF INJURY - At h	ome, farm, st			281. LOCATION (Street a	nd Number	or Dural Dr	nute Mumber		
4 Homicide 6 Could not be determined	building, etc. (Specify)		,,,	~	City or Town, State)	THE THEITHER	Ur riurei ric	oute Normoer,		
29a. CERTIFIER										
(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
	THE CHES OF SAMMINGTON STREET	investigation	i, in my opinion,				_			
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, DATE	SIGNED	(Month, Day, Year)		
IN AUG	IN FIFE CAUGE CO.			1184	0/		1/21	194		
30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (IT)	EM 27) (Type,	Print)	12417	U, MD a	2 12	25	>		
31. DATE FILED (Month, Day, Year)	TAMINECIA	1 26	18	12766	) " 1) 6	100	3			
31. DATE PILED (MONTH, Day, 1981)	32. REGISTRAR'S SIGNATURE									
JUL 2 2 1994 Alia Stevelson Rockell										

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nrs after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0. . ic '  1 - FOR STATE REGISTRAR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH	1	
	CHARLES ART	THUR WH	HITTEN			JULY	12, 1	994	5:40	P.	
-	Samuel Branches	5. SEX 6. AG	E (In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes October	1,1909	8. BIRTI	HPLACE (State or Fore	eign	
NO.	Da. FACILITY NAME (If not institution, give stree CARRIAGE HILL NUF				OR LOCATION OF D	EATH	9c. CO	UNTY OF C	th Dakot DEATH OMERY	a	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LOC	ATION				10d. INSIDE CITY		
0		tgomery	S	ilver S	pring		100		1 - YES 27 N	10	
LE FAN	9606 Sutherland	Road		1	or. ZIP CODE	001		USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	N U.S. ARMED S 2 NO DATES	If yes, s	CENDENT OF HISPA pecify Cuben, Mexici S 2 NO Speci	en, Puerto Rican, etc	Black, White, etc. Specify:			t,	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								White		
M		5+	Geodet	ic Cons	sultant		Gover		t		
ш	17. FATHER'S NAME (First, Middle, Lest) Herbert W.	Whitter	n		Mabel	AME (First, Middle, Ma	Hales			١	
10 8	19a. INFORMANT'S NAME (Type/Print)  Brena V. WI	hitten	19b. MAILING 9606		and Number or Rural				2090)		
	20s. METHOD OF DISPOSITION	2	Ob. PLACE AND DATE	OF DISPOSITION (	lame of	DATE 200					
	1 M Buriel 2 Cremetton 3 Removal from State  4 Donetton 5 Other (Specify) ParkLawn Cemetery 7/16/94 Rockville, Maryland										
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat,  Approximate										
CERTIFICATION	shock, or heart failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. ADENOCARCINOMA—METASTATIC  DUE TO (OR AS A CONSEQUENCE OF):  B. PRIMARY SITE OF ORIGIN UNDETERMINED  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other significant conditions ARTERIOSCLEROT			in the underlyi	ng cause given in	PEI	S AN AUTOPSY REFORMED?	7 24b	N. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	O WSE	
Y.	25. WAS CASE REFERRED TO MEDICAL										
5	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/					-	
PHISICIAN:	1  YES 2 NO 1  27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	Y 28b. TIM	4 (D) Nursing Ho IE OF 28c. IN	JURY AT ORK?	6 Other (Specify) 26d. DESCRIBE H		CCURED			
10 03	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, specify)		YES 2 NO	26f. LOCATION (St City or Town, S		er or Rural I	Route Number,		
COMPLETE	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	AN: To the best of my kno							a) and manner as ste	rted.	
0 0 0 0	29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF	Isla Co	(Ma)	29c, LICENSE NU	MBER 2/2/	29d. DA	7-/	(Month, Day, Year) 2-94		
	GEORGE SENGSTA				E, WHEATO	N, MD 20	902		189		
GEORGE SENGSTACK, MD 3929 FERRARA DRIVE, WHEATON, MD 20902  31. DATE FILED (Month, Day, War)  JUL 1 8 1994  Service Devices - Annual Control of the Control									47-1		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most like of each of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020

20

OHMH-16 Rev 1/90

1 - FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Lust)  WALSH JOHN EDWARD	WALSH				AY YEA					
	577-60-3428 1\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) January 2	905   0	THPLACE (State or Foreign untry) W Jersey				
DIRECTOR	9s. FACILITY NAME (If not institution, give street and number)  Holy Cross Hospital  RESIDENCE OF DECEDENT	96		or Location of DE er Spring	ATH	9c. COUNTY O					
F F	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCA	ATION			10d. INSIDE CITY				
	Maryland Montgomery	Roc	kville				1 YES 2 NO				
FUNEHAL	10e. STREET AND NUMBER 4315 JOPLIN DRIVE		:10	DI. ZIP CODE 208	53	10g. CITIZEN C	F WHAT COUNTRY?				
ā	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify		В	ACE — American Indien, lack, Whita, etc. pecify: White				
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  4	(Give kind of work life. Do NOT use re	done during m tired.)	ost of working		SINESS/INDUSTR	4				
5	17. FATHER'S NAME (First, Middle, Last)	Manageme	IIL Alla	7	ME (First, Middle, Malden	overnme	nt				
DE C	John Edward Walsh			Annie	Burn	S					
2	19a. INFORMANT'S NAME (Type/Print)	1			Route Number, City or Tow						
		LACE AND DATE OF D	ISPOSITION (A	leme of		CATION — City of	Town, State				
	Gate of Heaven Cemetery 7/23/94 Silver Spring, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901										
-	23. PART I. Enter the diseases, or complications that caused t	he death Do not	300 t	MIVERSIT	X BLVD., W	., SIL.					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Moule	7.		r as cardioc or reap	matory arrest,	Approximata Interval Between Onset and Death				
CENTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CONSEQUENCE OF):	Fail	eure.							
	PART II. Other algnificent conditione contributing to death but	not recuiting in the	ne underlylr	ng cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
THE CHOICE HE					_		1 TYES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Chi	ick only one)						
	EXAMINER?  1 □ YES 2 □ NO  HOSPITAL: 1 □ Inpetient 2 □ ER/Outpeti		HER: Nursing Hor	me 5 - Residence	6 Other (Specify)						
	27. MANNER OF OEATH 288. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED					
	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY building, etc. (Specify,	At home, farm, stree			281. LOCATION (Street a City or Town, State)		al Route Number,				
	29s. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of my knowled one)						e(a) and manner as stated.				
	296. SIGNATURE AND TILE OF CERTIFIER			29c. LICENSE NUM D 36/		29d. DATE SIGN	20 - 9 4				
2	30. NAME AND ADDRESS OF PIRSO WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print	ARRO			AKOMA	PKMD				
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  20912										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician in to the function of the functal director, page 5 should be detached for use as the burial-trant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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No State of

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / I	DEPARTME RTIFICA	NT OF I	IEALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)  A SOCIAL SECURITY NUMBER			Wi	L M C	IF UNDER 24 HRS	7. DAT	E OF DEATH	10 - C	YEAR 94	TIME OF DEATH  5, 40 Am  ACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give s  DEVLIN MA  RESIDENCE OF DECEDENT	treet and number)	80	YRS.	ITY, TOWN	OR LOCATION OF	DEATH	-12- MD	Λ		
DIRECTOR		, EGANY		CUMBE							DI. INSIDE CITY LIMITS?  VES 2 NO
FUNERAL	CHRISTIE ROAD				10	21502			U.S	S.A.	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 M NO	DED )	If yes, sp	ENDENT OF HISI ecity Cuban, Mex 2 NO Spe	Ican, Puerte	IN? (Specify Ye o Ricen, etc.)	n or No—	Conniller	American Indian, Vhita, atc.
СОМРІЕТЕВ	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(Ghve life, E	EDENT'S USUAL B kind of work do DO NOT use retire  USE KER	ne during mo d.)	ON ist of working	16	HOUSE			
ш	17. FATHER'S NAME (First, Middle, Lest) SIMON WILMOT		110	ODE KEI	11 12 K	18. MOTHER'S		Middle, Maiden		EK	
TO B	19a. INFORMANT'S NAME (Type/Print)  MILDRED M. WILMOT  20as/METHOD OF DISPOSITION		34	40 OLD	CREE	ROAD (	el Route Nu	mber, City or Tow ERFIEL	D, VII	RGINI	A 23832
20b. PLACE AND DATE OF DISPOSITION 1 Burles 2 Cremation 3 Removal from State Cometery, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of Cometery, Crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of Cometery, Crematory or other place)  21. SIGNATURE OF FUNERAL SERVICE UCHASEE  22. NAME AND ADDRESS OF FACILITY  MERRITT—ADAMS FUNERAL HOME  404 DECATUR STREET CUMBERLAND MARY							ERLAND MD.				
	23. PART I. Enter the diseases, or o shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e	ech iine.	th. Do not en	er the mo	de of dying, s	uch aa ca	rdiac or resp	iratory arre	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQU	JENCE OF):	9 1	Hens	lm	7			
MEDICAL	PART II. Other algnificant condition	a contributing to death bu	ut not res	suiting in the	underlyin	g cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AA CI	BRE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe	atient 3	DOA OTH	ER:	ACE OF DEATH					
ВУ РН	27. MANN OF DEATH  1 Natural 5 Pending 2. Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY M		URY AT PIK? YES 2 NO	28d. Di	SCRIBE HOW I	NJURY OCCI	URED	
								e Number,			
COMPLETED		CIAN: To the best of my knowle R: On the basis of examination									nd manner as stated,
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			· ·		29c. LICENSE N	UMBER 44		29d. DATE	1	onth, Day, Year)
-	DR. JESUS H. TAN	FROSTBURG PLA	AZA,		URG N	IARYLANI	21.	532			
	31. DATE FILED (Month, Day, Year)  JUL 1 8 1994  July 34 REGISTRAN SCIGNATURE  All DELICATION OF THE STREET SCIENTIFIE  JULY 1 8 1994										

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEA	TH	
- 1	ADRIAN	MASON		WEEMS	SR	July	18	,	1994	7:14	Рм	
8	4. SOCIAL SECURITY NUMBER 220-09-6572	37	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF May 2	DIOTH	-	6. BIRTHI County	PLACE (State or I	foreign	
	9e. FACILITY NAME (If not institution, give t	street end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF DE	EATH		
DIRECTOR	Memorial Hospita			Cumbe	erland			A1	legar	ıy		
	PA Bedf		_	y, town on loca temas	ATION					10d, INSIDE CIT LIMITS? 1 YES 2	NO	
FUNERAL	HCR 13 Box 21 AA	7			01. ZIP CODE 17211				09. CITIZEN OF WHAT COUNTRY? USA			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT VER FORCES? 1 YE YES, GIVE WAR OR WW II	S 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexico S 2 NO Specifi	n, Puerto Rica	Specify Yes in, etc.)	or No—	r No- 14. RACE American Indian, Black, White, etc. Specwhite		len,	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S	USUAL OCCUPAT	ION	18b. KI	ND OF BUS	INESS/IN	DUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechar	work done during n se retired.) IIC	iosi or working	P	viat:	ion				
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	fle, Maiden	Sumame)				
BEC	James Kinsey	Weems			Olive	e S. (n	mn)					
10 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town	, State, Zip	Code)			
-	Adrian M. Weems,	, Jr.	P.O. E	30x 185;	Oldtown	, MD	Z1555	)				
	20e. METHOD OF DISPOSITION  1		MI THEBUT			7/19			city or Tow			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Scarpelli Funeral Home											
	Cumberland, MD 21502											
	23. PART I. Enter the diseases, or complications that such that death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or heart fellure. List only one cause on each line.											
	immediate Cause (Final disease or condition resulting in death)  a. Intracranial Hemovrage days  oue to (or as a consequence of):											
	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions,  Due to (or as a consequence of):											
¥	if any, leading to immediate cause. Enter UNDERLYING									İ		
Ē	CAUSE (Disesse or injury thet initiated eventa	DUE TO (OR AS	S A CONSEQUENCE O	F):						1		
H	resulting in death) LAST	d										
	PART ii. Other significant condition	na contribution to death	but not reculsion	in the underland	na carico el con lo	Dart I I	a. WAS AN	Allmana		Wene street	******	
DICAL	11.		. Dut not resulting	tha underly!	ny causa given in		PERFOR	MED?		WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF	TO	
ш	- Dy perteur 10	"				— I ¹	YES 2	NO		OF DEATH?		
2	DID TOBACCO USE	CONTRIBUTE TO	CALIEE OF	E DEATH	VEC CO NI					1   YES 2	NO	
AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE IC	CAUSE O		YES NO							
PHYSICIAN:	EXAMINER?	HOSPITAL:	ulnetlant s □ bos	OTHER:								
¥	27. MANNER OF DEATH	28e. OATE OF INJUR	Y 28b, TIN	IE OF 28c. IN	me 5 Residence	8 Other (S		LJURY OC	CURED			
- 4	1 Natural 5 Pending	(Month, Day, Yeer	r) IN.	JURY	YES 2 NO							
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, term,			281. LOCATI		nd Numbe	r or Aural A	oute Number,		
ш	4 Homicide datermined	building, atc. (S	респу)			City or 1	own, State)					
COMPLET	anni	ICIAN: To the best of my known. ER: On the beele of examinar								end menner as	stated.	
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NUI			-		(Month, Day, Year		
BE		Hym	Ham		D 3328			<b>&gt;</b> 7	1	94	,	
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	1	-			1	• /		
	Dr. S. Gupta, Jo	hnson Heigh	ts Medica	1 Bldg.	Cumber1	and. M	D 2	1502	`			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SH	GNATURE.									
	1111 2 0 1004	Warden K	ardall									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fransible filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer nours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		1 - STATE OF MARY REGISTRAR		IT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	j	1. DECEDENT'S NAME (First, Middle, Last) Margaret	Elizabeth	Wilson	2. DATE OF DEATH 7/23/94	S. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX B. AG	Th WIL	SON	7 23 94	4 1.00 M
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AG  217-14-5973 1 □ M 2 F	E (In yrs. last plythylay) IF UND 7.3 YRS. MONTHS	ER 1 YEAR SF UNDER 24 HRS. DAYS HOURS MIN.		BIRTHPLACE (State of Foreign Country) Pallston, aryland
	æ	as. FACILITY NAME (If not institution, give street and number 2 11 s	(-)	TY, TOWN OR LOCATION OF DE	ATH Fallston sc. COUNTY	OF DEATHHATIOTO
	6	RESIDENCE OF DECEDENT	TOL P	H11310N	HH	RFORD.
17	DIRECTOR	Mary and Harford Cou	nty loc. City, town	or Location Bel A	ir	10d, INSIDE CITY LIMITS?  1 A YES 2 NO
erest.	ERAL	100. STREET AND NUMBER 17 Brooks Road		101. ZIP CODE 210	14 10g. CITIZEI	N OF WHAT COUNTRY?
	FUNE	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YE	I IN U.S. ARMED 13		IIC ORIGIN? (Specify Yea or No.— 14	. RACE — American Indian,
	BY	1 Never Married 2 Married 3 Widowed 4 Divorced IF YES, GIVE WAR OR		1 YES 2 NO Specify		Black, White, alc. White
	ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL, (Give kind of work don	e during most of working	16b. KIND OF BUSINESS/INDUS	THY omemaker
	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Housewife	J.	Retir	ed.
notified at once.	S S	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
ed at	BE	Harry Edward Townsle	AT. I	Mary		
	٤	Mr. Frederick J. Wilson			ioute Number, City or Town, State, Zip Co ir, Maryland 21(	,
st be		20g METHOD OF DISPOSITION	0b. PLACE AND DATE OF DISPO	OSITION (Name of	DATE 20c. LOCATION - CII	
er must	1	4 Donation 5 Other (Specify)	el Air Mem.	Gardens 7/26/	94 Bel Air, Notes Funeral	laryland 21014
examiner		Duperiodin Folia	. roscer	50 West Broa	dway & Williams yland 21014	Street
medical		23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on	ed the deeth. Do not ente	er the mode of dying, auch	as cardiec or respiratory arrest	t, Approximata Interval Between
the m		IMMEDIATE CAUSE (Fine)				Onset and Death
	1	resulting in death) a. MCSDI 1975	Maillire D	apmagman	c dip function	(Munn
or other traumatic event,	Z	Sequentially list conditions,	uidiaphrag,	n Parelypis		18 900
traum	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):	oshol		Imml
other		CAUSE (Disease or injury that initiated events DUE TO (OR AS	A CONSEQUENCE OF):	<u> </u>		2
	SER	resulting in death) LAST	midism.			2 minths.
를	A I	PART II. Other algnificent conditions contributing to deeth	but not resulting in the	underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
shows any	EDIC	GTU. DM.			1 U YES 2 70 0	COMPLETION OF CAUSE OF DEATH?
2	Σ∥	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEA	TH YES I NO	Ta/	1 TYES 2 NO
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Che	ck only one)	
or it	YSK	1 YES 2 NO 1 Inpetient 2 ER/O		ursing Home 5 - Residence	8 Other (Specify)	
	ВУ РНУ	27. MANNER OF SEATH  1 Netural 5 Pending 2 Accident Investigation		28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED
99	<b>a</b>		RY — At home, farm, street, ta	octory, offica	26t. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
	PLET	29a. CERTIFIER (Check only	owledge, death occurred at the	time, date and place, and due	to the cause(a) end manner ea stated.	
ANT	COMPL	one) 2 MEDICAL EXAMINER: On the beels of axamins	tion end/or investigation, in my	opinion, death occured at the	lime, date and place, and due to the c	euse(s) end manner as stated.
POR	BE	296. SIGNATURE AND TITLE OF CENTIFIER  B. D. PA	erich mo	29c. LICENSE NUM	. 7 1.	IGNED (Month, Day, Year) -23-94
	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		n knan R	TUSTON MD &	
		31. DATE FILED (Month, Day, Year)  32. BEGISTRAR'S SI	SNATURE	D RUMU ST	JUSION JUST	21047.
		JUL 25 1994 Julia David	son-Kardall			
						DHMH-18 Rev 1/89

1	FOR STATE REGISTRAR

	1 - STATE REGISTRAR	SIAIE UF MARYLANL		ICATE C			REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH	
8	ANNE ELSIE		0	94	10:50PM M						
		SEX 6. AGE (In yrs.	AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HI				7. DATE OF BIRTH		8. BIRTHE	LACE (State or Foreign	
	577-40-7877	□ M 2 🖾 F 65	YRS.	MONTHS DAY	R HOURS	MIN,	Jan. 9, 1	929	Wash	ington, DC	
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOV	VN OR LOCATION				UNTY OF DE		
NO.	Prince George's Me		Cheverly Prince G					George's			
DIRECTOR	RESIDENCE OF DECEDENT		Cheverry					Tiree	George s		
RE	10a. STATE 10b. COUNTY			Y, TOWN OR LO				10d. INSIDE CITY LIMITS?			
	Maryland Prince	Laı	ndover	_					1 🔀 YES 2 🗌 NO		
3AL	100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF W			HAT COUNTRY?		
BY FUNERAL	7503 Buchanan Stre				2078		U.S.				
	11. MARITAL STATUS  t Never Merried 2 Married  3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. FORCES? t YES 2 IF YES, OIVE WAR OR DATES		If yes	DECENDENT C , specify Cube YES 2 💥 NO	ın, Mexicen	C ORIGIN? (Specify Ye , Puarto Rican, etc.)	a or No—	Black, Specify	— American Indian, White, atc. Caucasian	
ED	15. DECEDENT'S EOUCAT: (Specify only highest grade con		OECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BU	ISINESS/II			
垣		College (1-4 or 5 +)	life. Do NOT u	se retired.)	most or working	70	Veteran	s Ad	minis	tration	
MPI	11	P	rogram	n Assis	tant		U.S. Go	vern	ment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTI	HER'S NAM	E (First, Middle, Malder	Surname)			
BE	Claude Washington	Wessells					lle Macke				
10 E	19a. INFORMANT'S NAME (Type/Print)						oute Number, City or Tov			20708	
-	Dorothy J. Willis		13030	Old St	age Co	oach	Road, Apt	. 38	21, L	aurel, MD	
	20a. METHOD OF DISPOSITION 1.35 Burlel 2 Cremetion 3 Remove	from State 20b. PLA	CE AND DATE	OF DISPOSITION	(Name of				— City or Tow		
	4 Donation 5 Other (Specify)		Linco.	ther place) Ln Ceme			5/94 Bre	ntwo	od, M	aryland	
	21. SIONATURE OF FUNERAL SERVICE LICENS  Clearles 7	Bell L	,	Fran		asch'	s Sons Fu	uneral Home, P.A. attsville, MD 20781			
	23. PART i. Enter the diseases, or com	plicetions that Jused the	desth. Do	not enter the	mods of dy	ing, such	as cerdiec or reap	iratory a	rrest,	Approximats	
	23. PART I. Enter the diseases, or complications that guised the desth. Do not enter the mods of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):										
NO	DUE TO (OR AS A CONSEQUENCE OF):  ACUTE BATTEME EN DUCARDITIS  OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	M65 ACON	P 60117	F):	NOLL no	and I	MATICE M	. 1-			
S	CAUSE (Disease or injury Due To (OR as a CONSEQUENCE OR)										
E	that initiated events resulting in death) LAST  d. CIHRUNIC REMAR FAILURE AND GRAFET INFECTION										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.    DIABETES MALUITUS TO VITH CHRONIC FOOT VICERS   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO										
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO										
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL			20	, PLACE OF D		ck only one)				
SIC		OSPITAL: Impatient 2 ER/Outpatient	t 3 🗆 DOA	OTHER:	Home 5 🗆 Ra	ealdenca 6	Other (Specify)				
E	27. MANNER OF DEATH	26s. OATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCUREO		
ВУ	1 Metural 5 Pending 2 Accident Investigation				YES 2	] NO					
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE	29a. CERTIFIER (Check only one)  2 I MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 IMEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
O I	29b. SIGNATURE AND TATLETOF REATIFIES 29c. LICENSE NO						BER	29d. D	ATE SIGNED	(Month, Day, Year)	
0	Voles My ble Voular		P22780 > 7			7/211	194				
5	296. LICENSE NUMBER  1296. LICENSE NUMBER  1207. LICENSE NUMBER  1										
	3t. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	NE /				100				
	JUL 2 1 1994	La Laurdson-Hand	all								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. — hours after death. Page 6 may be retained by the hospital or attenting physician, TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transfer filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

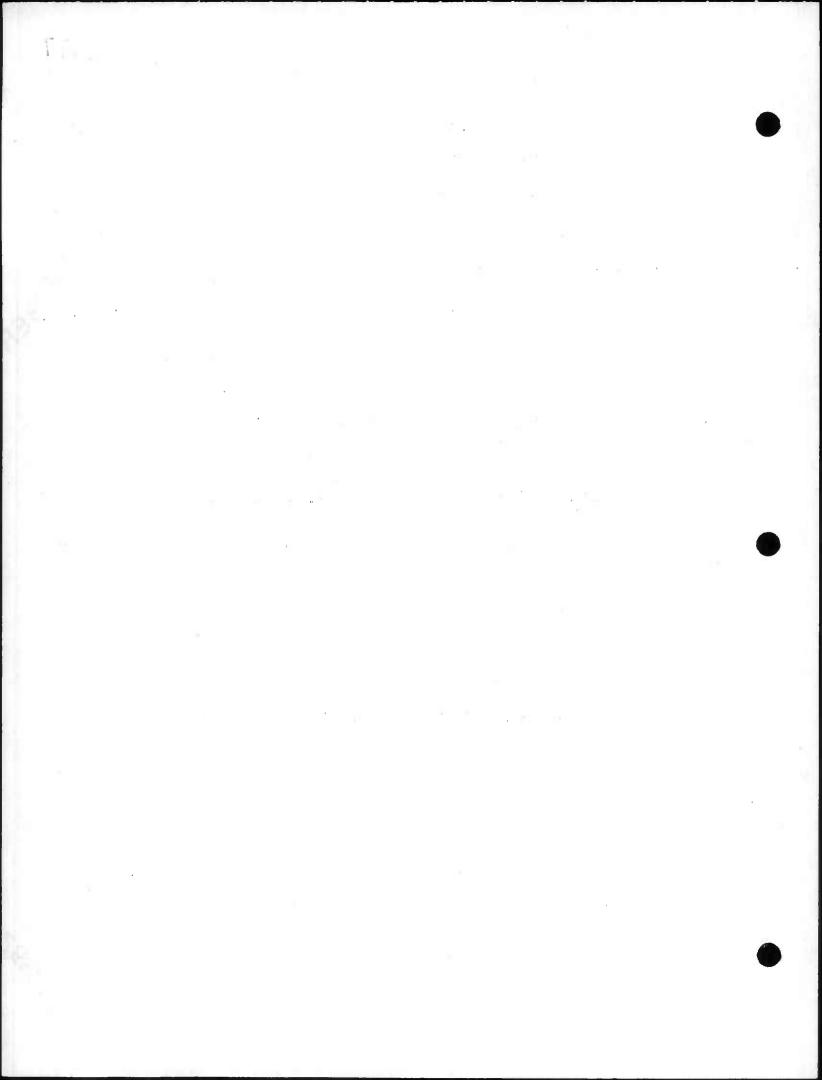
	1 - STATE REGISTRAR		CERTIF			DEATH	MEI	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH											
	WILLIAM FRAN	ER				July 19, 199			994	10:23 A	м	
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In	yrs. lest birthday)				7. DATE OF BIRTH			8. BIRTH	IPLACE (State or Fore	
	577-22-0004	⊠ M 2 □ F 73	YRS.	MONTHS	DAYS	HOURS MIN.	Ju	ne 2, 1	921	Was	hington,	DC
	9a. FACILITY NAME (if not institution, give street and number)			9b. CITY,	TOWN C	R LOCATION OF DE				JNTY OF D		
E C	6233 Fernwood Terr	-2	Rive	erda	ıle	Prince Geor			George's			
5	RESIDENCE OF DECEDENT									George 5		
DIRECTOR	10a. STATE 10b. COUNTY	-	10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY LIMITS?		
	Maryland Prince	Ri	Riverdale							1 1 YES 2   N	0	
FUNERAL	10s. STREET AND NUMBER				1	ZIP CODE					ZEN OF WHAT COUNTRY?	
Ä	6233 Fernwood Terra					20737				S.A.		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 🔯 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 X YES IF YES, GIVE WAR OR OAT	2 NO	11	yes, spe	ENDENT OF HISPAN Icity Cuben, Mexical 2 NO Specify	n, Pue	HGIN? (Specify Yes into Rican, etc.)	or No—	Spec		,
		WW		1			_				casian	
빝	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	16a. DECEDENT'S (Give kind of side. Do NOT us	Work done do	CUPATIO	N st of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		- 53
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Asbesto				-	Constru				- 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ASDEST	5 1113	Sula		ME (C)	rst, Middle, Maiden		)[[		
	William Luke	Walker				Rose			Jabi]	116		
H	19a. INFORMANT'S NAME (Type/Print)		195. MAILING	ADDRESS	(Street e	nd Number or Rural F						$\overline{}$
2	William Patrick Wa	1ker									n, DC 20	003
	20a. METHOD OF DISPOSITION	20b. f	PLACE AND OATE	OF DISPOSIT	TIÓN /No.	me of	1	DATE 20c LO				
	tXXBurial 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	I from State cemer	State V	ther place)	ans	Cem. 7/2	22/	94 Chel			Maryland	- 1
	21. SIGNATURE OF EUNERAL SERVICE LICEN		A	22. N	IAME AN	D ADDRESS OF FAC	CILITY					$\neg$
	YOU MION I	ROOV 6	/			s Gasch'						- 1
	23 PART i Enter the diseases or com	polications that caused	the death Do	47:	39 E	altimore	A	ve.,Hyat	tsvi	ille,	MD 2078	
	23. FART i. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause or each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):											
7	PART II. Other aignificant conditions of	contributing to death bu	t not resulting	in the upo	darlying	cause given in	Part	. 24a. WAS AN		24b	. WERE AUTOPSY FIN	DINGS
EDICAL	PERFORMEO?  1 YES 2 MO  ARRABULE PRIOR TO COMPLETION DF CAUSE OF DEATH?											
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES TO NO TO											
AN	25. WAS CASE REFERRED TO MEDICAL	JAIKIBUIE 10 (	CAUSE OF	DEAT								
를 등	EXAMINER?	IOSPITAL:	TENT - 12	OTHER	:	ACE OF DEATH (Che		the same				$\dashv$
PHYSICIAN:	1 NES 2 NO 1	Inpatient 2 ER/Outpat		DOA 4 Nursing Home 5 Residence 28b. TIME OF 28c, INJURY AT			9 6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED					
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending			URY M	WO	RK?						
B	2 Accident Investigation 3 Suicide B Could not be	- At home, ferm.	street facto			281 LOCATION /Street and Alumbar or Dural Doubs Mumbar				-		
	4 Homicide 8 Could not be determined	(y)	e, ferm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER				1							
BE	Address of the control of the contro						29G, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Your)					4
2	30. NAME MAD PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  ALBONSO VALLE M. D 10701 TRAFTON DR. LARGO MD 20772											
	ALBONSO VALLE	- N.D 107	01 TR	OF	TOL	DR.	1	1R60 1	UN	2	772-	
	31. DATE FILEO (Month. Day, Year)	32. REGISTRAR'S SIGNAT			_				1			

Icha Tavidson-Randalle

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit peright. The filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUL 2 1 1994



ing physician. the burial-transit permit. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED B	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached for use as th al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filer within 72 hours after death with the State Dept, of Health and Memtal Hyglene prior to bunal, cremation, or removal,
r death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Personal after death. Page 6 may be retained by the hospital or attending

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH REG. NO.										
		1. DECEDENT'S NAME (First, Middle, Last) CUALINIDELL TOOV LIDICUE					2. DATE OF DEATN MONTH DAY YEAR				
	SHAWNDELL TR					JULY			2:47P M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	Year)	Coun			
	577-82-5829 9e. FACILITY NAME (If not institution, s	X   M 2   F   23   Nov. 11						_	h., D. C.		
2	99. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF										
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland 106. CO	ity, town on Local Gathersbu		10d. INSIDE CITY X LIMITS?							
	10a. STREET AND NUMBER		101, ZIP CODE					1 YES 2 NO			
FUNERAL	62 W. Dearpark	Rd.					1	USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IF			ENDENT OF HISPAN			- 14. RAC	E — American Indian,		
BY	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	2 NO ATES		2 NO Specify		otc.)		**Black		
	15. DECEDENT'S	EDUCATION	16a. DECEDENT	'S USUAL OCCUPATION	ON	16b. KIND	OF BUSINESS	/INDUSTRY			
COMPLETED	(Specify only highest s Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	T-0.	st of working	Des	irraha				
M	12		Const	ruction			ivate				
	17. FATHER'S NAME (First, Middle, Last Troy Edward Smi				18. MOTHER'S NA Denise	ME (First, Middle Lumpk:					
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (Street a	nd Number or Rural I	Route Number, Ci	ty or Town, State	Zip Code)			
임	Denise L. Norri	.S	1850	3 Bayleaf	Way Ger	mantwo	n, Md.	20874			
	20s. METHOO OF DISPOSITION 1 CyBurlel 2 Cremetion 3 C	Removal from State Cerr		e of DISPOSITION (Ne			20c. LOCATION 94 Wash				
	4 ☐ Donetion 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE				ID ADDRESS OF FA		74 Wasi	1., D.			
	De Ch ta	111.		Plunk	ett Fune	ral Hor					
	23. PART I. Enter the diseases,	or complications that cause	d the death. De		28th St.						
	shock, or heart fall	ure. List only one cause on e	ach line.	not enter the mo	ae or aying, auc	n as cerdiec (	or reapiratory	arreat,	Approximate interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Shota U	in U	lounds	of He	a d			Onset and Death		
	resolding in death)	DUE TO (OF AS A	CONSEQUENCE	OF):	01 (10	ven					
Z O	Sequentially list conditions,	[ b									
TA.	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OFJ:							
	CAUSE (Diseese or injury that initiated events	C. OUE TO (OR AS A	CONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAST	d									
_	PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDIN										
ICA	PERFORMED? AN								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME									1 Pres 2 - NO		
ÿ			CAUSE O								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICA EXAMINER? ***EYES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
HYS	27. MANNER OF OEATN	1 Inpatient 2 ER/Outp	26b. T.	4 Nursing Nom		6 Other (Spe 28d. DESCRIB	cify) E HOW INJURY	OCCURED			
ВУР	1 Netural 5 Pending Faunch Day, Year) INJURY WORK?					subject shot					
	28- DI ACE DE IN HIDY AND AND AND AND AND AND AND AND AND AND							Route Number, Roy D			
COMPLETED		400 Home Garthersters, MD Deerpark was									
MPL	(Check only	298. CERTIFIER (Check only   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
00	2 (EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (M											
၉	30. NAME AND ADDRESS OF PERSON	N. 11		pe, Print)	0.C.N	1.C.		JULY	09/94		
		-		n Stree	t, Balt	imore	, Mar	yland	1 21201		
	31. OATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN									
JUL 2 0 1994 32, REGISTRAR'S SIGNATURE											

FOR

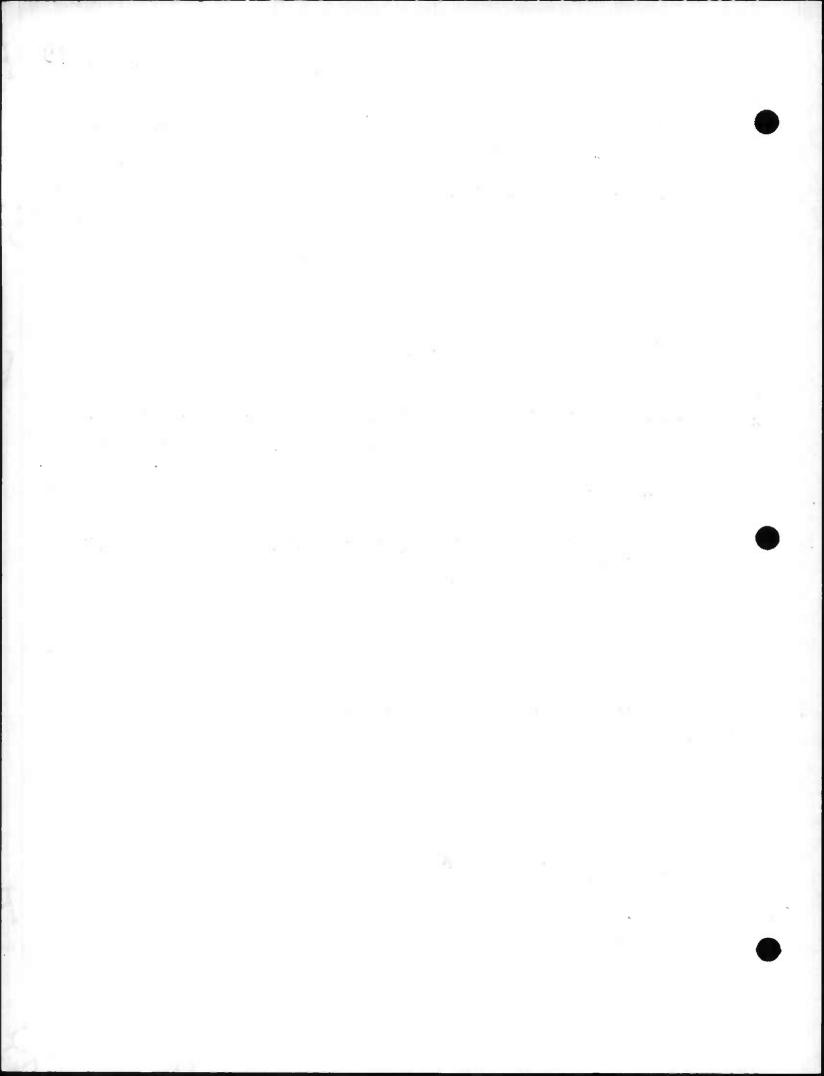
# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ICATE OF		REG. NO.	_					
	1. DECEDENT'S NAME (First, Middle, Last) Rober	t M V	vood			2. DATE OF DEATH JULY 13,		YEAR	3. TIME OF DEATN 4:00 PM			
	AND CONTRACTOR CONTRACTOR	5. SEX	(In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF BIRTIN (Month, Day, Year) Aug 23,19	- 1	Country	PLACE (State or Foreign			
TOR	99. FACILITY NAME (If not Institution, give street 6526 Kenova Street RESIDENCE OF DECEDENT		e)	96. CITY, TOWN Forest	or location of de ville		9c. COUNT		eath George's			
FUNERAL DIRECTOR	Maryland Prince	George's	10c. CIT	y, TOWN OR LOCA restvill		-		$\Box$	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
VERAL	6526 Kenova Street	t		10	20747				orat country? States			
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		14. RACE Black Specifi Whit					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12	TION empleted) College (1-4 or 5+)	(Give kind of a	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Manager  Sears & Roebuc								
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Wood					ME (First, Middle, Melden Montague	Surneme)					
T0	190. INFORMANT'S NAME (Type/Print) Alma Wood		19b. MAILING 6526 ]	ADDRESS (Street Kenova S	and Number or Rural I treet, F	Poute Number, City or Town Orestville	n, State, Zip C , Mar	ylar	nd 20747			
	20e, METNOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove 4 Donetion 6 Other (Specify)			Tarmitille Cemetery July 16,1994 Suitland, Maryland								
21. SIGNATURE OF FUNERAL SERVICE-LICENSEE  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 66.  Old Alexander Ferry Road, Clinton, Md 207.												
	23. PARTLI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Memour's											
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  b. 44000 ACC OR OS OS OS OS OS OS OS OS OS OS OS OS OS											
EDICAL	PART II. Other algorificant conditions of the Co	contributing to death i	but not resulting	in the underlyin	g cause givan in	Part I. 24a, WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: M	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE O			- PA'			1 TYES 2 NO			
SICI	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (Chi							
ву РНУ	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCU	IREO				
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, ocify)	street, fectory, offic	ta .	28t. LOCATION (Street a City or Town, State)	and Number of	r Rurel A	oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the beels of examination							) end manner ee stated.			
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  100 10 272 MD 7, 14-94											
	30. NAME AND ADDRESS OF PERSON WHO O	M.D. 64	00 MAK	2/bop	o Pike-	Dist. Han	1/5,1	カウ	, 20747			
31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  Sun a Signature  Fundable												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a competely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



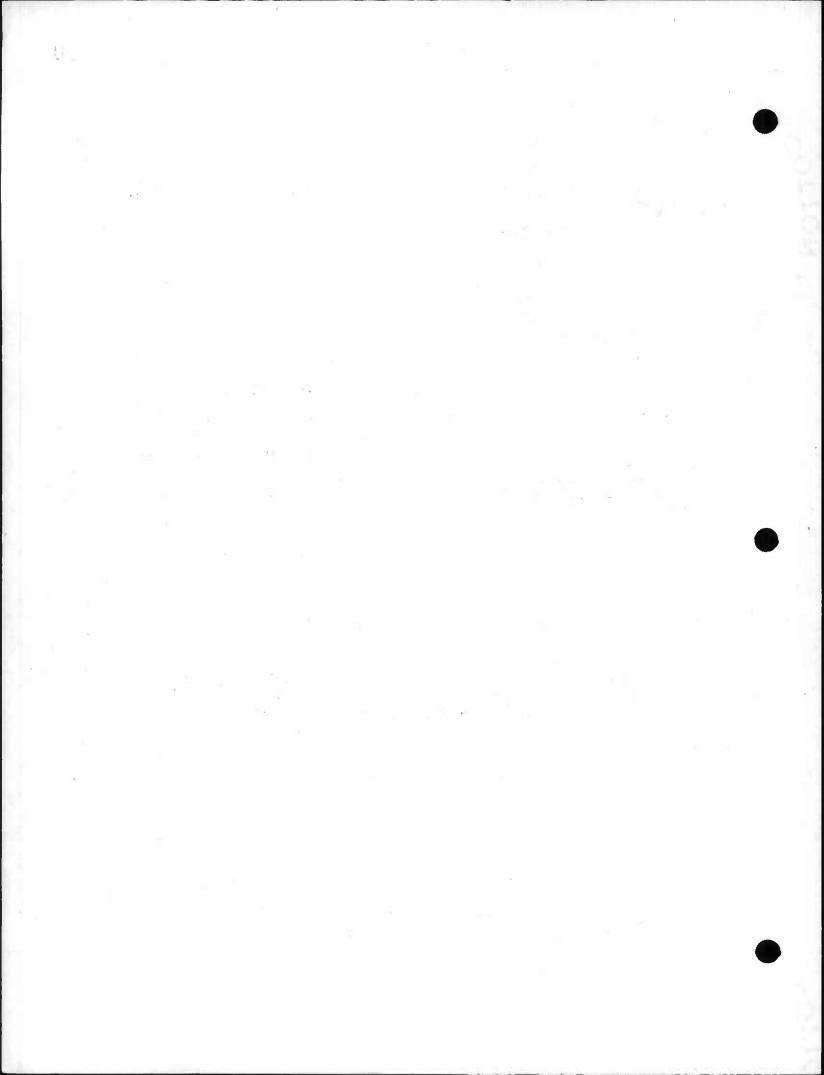
FOR STATE

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE (	OF D	DEATH		REG. NO	).			
Š	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH	
- 0	Robert	W.	Walt	er				July		1994	YEAR	1:50 A	A M
	4. SOCIAL SECURITY NUMBER 083-16-4427	5. SEX 1 X M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH , Day, Year) 4/20		Countr	IPLACE (State or Foreign	n
TOR	96. FACILITY NAME (If not institution, give s  Regency Nursing RESIDENCE OF DECEDENT						LOCATION OF DE		17/20		NTY OF D		
IREC	10s. STATE 10b. COUNT	Y			Y, TOWN OR L							10d. INSIDE CITY LIMITS?	$\exists$
٦	Maryland Princ	ce George		Upper Marlboro						_		1 X YES 2 NO	
FUNERAL DIRECTOR	10303 Bluet Terra	асе		20772						US		WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WA WWIT	YYES 2 NO	S 2 NO It yes, specify Cuban, Maxican					n, Puerto Rican, etc.)			- American Indian, c, Whits, etc. fly:	
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	(Giv	e kind of Do NOT u	USUAL OCCU work done during se retired.)	ng most	of working		KIND OF BU					
Ž	12th 17. FATHER'S NAME (First, Middle, Lest)	Qua.	Lity	Contr				ompute		IBM	·	_	
BE CC	August Walt	er				- 1	16. MOTHER'S NA Mary El						
TO B	196. INFORMANT'S NAME (Type/Print) William J. Walter				as it	treet sna	Number or Rural I	Route Number, City or Town, State, Zip Coo					
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 A Rem	oval from State	20b. PLACE AI	ND DATE	OF DISPOSITIO	N (Name	e of	OATI	20c. LC	CATION —	City or To	wn, Stats	$\dashv$
	4 Donation 5 ther (Specify)	ENSEE	St. Ch	narl	es Cem	ete	ery 7/19	/94	Gar	dine	r, N	. Y .	$\dashv$
	George P. Kalas Funeral Home										d20745		
	23. PARTIA. Entar the diseases, or shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	caused the dea e Dn each line. OR AS A CONSEQU	7	not enter the	moda	e of dying, suc	h as card	iec or resp	Iratory ar	rest,	Approximate Interval Between Onset and De 36 hor	reen
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
ME	Fasherion's disease										WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF OEATN?  1 YES 2 NO	3.	
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLAC	CE OF DEATH (Che	eck only on	9)				
PHYSICIAN:	1 TES 2 NO	HOSPITAL:	ER/Outpetlant 3	DOA	OTHER:	Nome	5 Residence	6 🗆 Other	(Specify)				
Y PH	27. MANNER OF OEATN  1X Natural 5 Pending 2 Accident Investigation	28s. OATE OF 19 (Month, Day	NJURY ( Year)	28b, TIM	URY	WORK		28d. DE\$	CRIBE NOW I	NJURY OC	CURED		
ED B	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF building, et	INJURY — At hom ic. (Specify)	e, term,	street, factory,	office			ATION (Street or Town, State)		r or Rural F	loute Number,	
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m										) and manner as stated	d.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	J. Slan	60 9	TU	1	2	29c. LICENSE NUN	ABER 6/0		29d, DAT	E SIGNED	(Monty, Day, Year)	
F	J. Sanford Young,	M.D. 117	01 Avi	27) (Type ngst	on Rd	. Ft	t. Washi	ngto	n, Md		/	/	
<b>'</b>	31. DATE FILED (Month, Day, Year) 8 199	32. REGISTRAR	'S SIGNATURE	- Park	loss								

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



ITEMS: 23 PART I, 27, PER MEO FILM G-714 8/10/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									_	HEG. NO.			
1	1. DECEDENT'S NAME (First	CANADA CONTRACTOR	EXANDER	,	TAT -	LKI	NC		2. DA	TE OF DEATH	ľ	9°2°	3. TIME OF DEATH  5:30 A M
- 1	4. SOCIAL SECURITY NUME	-	5. SEX	8. AGE (In yrs. I		IF UNDER		IF UNDER 24 HRS.		E OF BIRTH			J - J U A M
83	N/A		1 📉 M 2 🗆 F	(,	YRS.	MONTHS	DAYS 14	HOURS MIN.	(Mc	orth, Day, Year)	004	Counti	erly, MD
	9a. FACILITY NAME (If not in	stitution, give si	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O								
NO B	PRINCE GE		HOSPIT	'AL		СН	EVE	RLY			PR	INCE	GEORGES
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			19c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
	Maryland		e George	's	Fort Washington						LIMITS?		
	10e. STREET AND NUMBER										IZEN OF V	1 X YES 2 NO	
FUNERAL	4408 Payne 1	Drive						20744					
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT OF HISPAI	NIC ORIG	IN? (Specify Yes		S.A.	- American Indian
BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	YES 2 X	NO		If yes, sp 1 🔲 YES	ecify Cuban, Mexica 2 NO Specif	en, Puerl ly:	o Rican, etc.)		Speci	k, White, etc.
		EDENT'S EDU	CATION	40. 6		1							Black
1	(Specify onl	y highest grade	completed)		Give kind of the Do NOT us	work done	during mo	ON est of working	1	6b. KIND OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (t	1-12)	College (1-4 or 5 +	.)		/A					N/A	A	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE C	Joseph A. Wilkins Veronica L. Lucas												
5	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  4408 Payne Drive Fort Washington, MD 2074												
-	Joseph A. V		3						_				20744
	20e. METHOD OF DISPOSIT 1   ☐ Burlel 2 ☐ Crematic	n 3 🗆 Reme	oval from State	cemetery, c	rematory or o	ther placel			1			City or To	,
	4 ☐ Donation 8 ☐ Other  21. SIGNATURE OF FUNERA		ENSEE /	Harm	ony M			Park 7/		94  Land	lover	, ML	)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE & BLAYTON J.B. Jenkins Funeral Home												
_	Juanana A Blayfon, J.B. Jenkins Funeral Home 7474 Landover Rd. Landover, MD 2  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,										20785		
CERTIFICATION	anock, or haer failure. List only one cause on aach line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  Due to (or as a consequence of):												
CERTIF	that initiated events resulting in death) LAST  d.												
MEDICAL	PART II. Other algoritica	nt condition	a contributing to	death but not	reaulting	in the ur	nderlyln	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
미										TXXES 2	□ NO		OF DEATH?
	DID TOBACC	O USE	CONTRIBUT	E TO CA	USE O	F DEA	ATH	YES IT N	oг	1			XX YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					26. PI	ACE OF DEATH (Ch	eck only	one)			
Š	XXYES 2 NO		HOSPITAL: XX Inpatient 2 □	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Rasidenca	8 🗆 01	her (Specify)			
PH		Pending	28a. DATE OF (Month, Da		28b. TIM	E OF IURY M	WC	PURY AT DRK? YES 2 NO	28d. 0	ESCRIBE HOW II	VJURY OC	CURED	
BY	3 Suitette	Investigation Could not be	28a. PLACE O	F INJURY At I	nome, farm,	street, fact				OCATION (Street 6	nd Numbe	r or Rural I	Route Number,
		determined	building,	etc. (Specify)					"	ty or Town, State)			
COMPLETED	0001		CIAN: To the best of										e) and menner as stated.
	29b. SIGNATURE AND TITLE							29c. LICENSE NUI					(Month, Day, Year)
B	Theodore	MI	· A w					O.C.N					12,1994
ဍ	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CAUS	SE OF DEATH (IT	ЕМ 27) (Туре	, Print)							
	Theodore		M.D.	111	I Per	nn S	tre	et, Bal	Lti	more,	Mary	ylan	d 21201
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE									
	JUL 1 9 1994	1 4	who Savidso	n-Randal	2			<del></del>					
		U		-									DHMH-16 Rev 1/89

Mary Control

¢ &  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR
,	1. DECEDENT'S NAI
٠	Mary 1
	4. SOCIAL SECURIT
T THE	247-50-
	80. FACILITY NAME Doctors
	RESIDENCE O
	10a. STATE
	Maryla
	10e STREET AND N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las	")						2. DATE OF DEATH		-	3. TIME OF DE	ATH
3	Mary Lee You	ına						July 9.	1994	YEAR	9:10	ат м
,	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1	8. BIRTH	PLACE (State or	
- 4	247-50-7849	1 🗆 M 2 🔀 F	59	YRS. MON	NTHS DAYS	HOURS	MIN.	08-17-34	1	Countr	iren,	
		street and number)		9b.	CITY, TOWN	OR LOCATIO			9c, COUN			5.0.
E C	80. FACILITY NAME (If not institution, give Doctors Communic	ty Hospit	al		Lanh	am						0.1
DIRECTOR	RESIDENCE OF DECEDENT								PAL	unce	Georg	es
RE	10a. STATE 10b. COUN				OWN OR LOCA				10d, INSIDE CITY LIMITS?			TY
		nce Geo	rge's	Capi	tal H	leigh	ıts				1 X YES 2	NO
M	10e. STREET AND NUMBER	3	11202		10	1. ZIP CODE					VHAT COUNTRY	
Ë	5105 Southerr	Avenue	#203			207	43		Uni	ted	Stat	es
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried		NT EVER IN U.S. AR		13. WAS DEC	ENDENT OF	F HISPANIC	C ORIGIN? (Specify Yes	or No—	14. RACE	- American In	dlan,
ВУ	3 X Widowed 4 Divorced		WAR OR DATES			2 X NO		, ruento riicani, etc.)	1		lack	
	15. DECEDENT'S EC	I							1		таск	
COMPLETED	(Specify only highest gra	de completed)	(Gi	CEDENT'S USU ive kind of work Do NOT use ret	done during mo	ON ost of working	g	16b. KINO OF BU	SINESS/IND	USTRY		- 1
7	Elementary/Secondary (0-12)	College (1-4 or 5	i+) """.									- 3.1
M	17. FATHER'S NAME (First, Middle, Last)			Coo	K				vate	,		
		a b				18. MOTH		E (First, Middle, Meiden				
BE	Larfate King	Sbur	Lan		2000000			ncy Bake				
임	Juanita Y. Ki	~ ~						oute Number, City or Tow				
				AND DATE OF DI				ll, Temp	Ie H	111	s, Md	
	20a METHOD OF DISPOSITION  1 \( \tilde{\Omega} \) Burlel 2 \( \tilde{\Omega} \) Cremetion 3 \( \tilde{\Omega} \) Re  4 \( \tilde{\Omega} \) Donetion 5 \( \tilde{\Omega} \) Other (Specify)	movel from State	cemetery cre	matory or other r	nlecal		uly	1947, 199	CATION —	Offy or To	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE //	- I PTUG	OTH MC	EMOLT	AL C	emet	ery Sui	tlan	d.	Md.	
	( In/	1 11	Per a FT	- 111	STEW	ART	FUN	ERAL HOM	ΙE			
_	John /	Me	WAM.	///	4001	Ben	nine	g Road N	I.E.,	Wa	sh. D	.C.
	23. PART . Enter the diseasea, o shock, or heart fellug	Complications the	at caused the de	eth. Do not e	enter the mo	de of dyli	ng, such	aa cardiac or resp	iratory arr	eat,	Approxi	mata Between
	IMMEDIATE CAUSE (Final											nd Death
	disease or condition	RESI	PIRATOR	4 50	BILU	RE					ļ	
		1/2	O (OR AS A CONSEC					_				
Z	Sequentially list conditions,		Alman (									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSEC	DUENCE OF):								
5	CAUSE (Disease or injury	c OTIO	O (OR AS A CONSEC	MENCE OF								
Ē	that initieted events resulting in death) LAST	DOE 1	O (OR AS A CONSEC	DENCE OF):							i	
E		d									-	
	PART II. Other algnificent condition	ons contributing t	o deeth but not r	eeulting in th	ne underlyin	g ceuse g	iven in P	art I. 24a. WAS AN		24b.	WERE AUTOPSY	
MEDICAL								PERFOR			AWAILABLE PRIC COMPLETION D OF DEATH?	
Ä											1 YES 2	I NO
	DID TOBACCO USE	CONTRIBUT	E TO CAUS	E OF D	EATH Y	'ES 🖂	NO					,
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DE		k only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		THER:  Nursing Hore	ne 5 🗆 Res	sidence 6	Other (Specify)				
ξ	27. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. TIME OF		URY AT	1	26d. OESCRIBE HOW I	NJURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			IIII	M 1 🗆		000					
	3 Suicide 8 Could not b	28e. PLACE building	OF INJURY - At ho	me, farm, stree	t, factory, offic			28f. LOCATION (Street of City or Town, State)		or Rural F	loute Number,	
	4 Homicide determined							only or lown, oneto,				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best	of my knowledge, de	ath occurred at	The time, date	end plece,	end due to	o the cause(s) end mai	ner ee state	id.		
<u> </u>	one) 2 MEOICAL EXAMI										) end manner e	stated.
	29b. SIGNATURE AND TITLE OF CERTIF						NSE NUMB				(Month, Day, Yes	
8	A. Salotta	-				7 2	59	クラ	DATE	7 / 1)/	9L	ir)
_							- 1	/ /		/	' /	
임	30. NAME AND ADDRESS OF PERSON Y	HO COMPLETEO CA	USE OF OEATH (ITE	4 27) (Type. Prin	rt)							
۲	30. NAME AND ADDRESS OF PERSON V ATAY DASHO TTA		7207 F	AND (	De Pas	ex W	Ay A	A. GR 1778	WE	7 h	1.207	70
TC	America Dina	e, mo	7207 FLAR'S SIGNATURE	ANDU	OR PAN	RKW	my to	4.6REE	VOEL	ブカ	1.207	70
TC	ATAY DASHOTTA	32. REGISTE	7207 F	PANOUE	ER Pan	RKW	ayto	A. GREET	WEL	7 h	1.207	70

FOR

# STATE OF MADVIAND / DEPARTMENT OF MEATTH AND MENTAL HYDIEN

	1 - STATE REGISTRAR	SIMIL OF MIA				OF DEATH	MENI	AL TIGIEN			
1000	1. DECEDENT'S NAME (First, Middle, Lest) Antonio			arel			MO	E OF DEATH	19	YEAR 94	3. TIME OF DEATH 8:30 A M
		5. SEX 6.	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AVS HOURS MIN.	(Mo	TE OF BIRTH (rith, Day, Year)	20	Country	
	9e. FACILITY NAME (If not Institution, give street	et end number)			9b. CITY, TO	WN OR LOCATION OF		y J, 19		Ohio	
NO.	5206 Wheeler Road			Oxon Hill					Dri	ngo (	eorge's
ל	RESIDENCE OF DECEDENT  10e, STATE 10e, COUNTY								FLL	ince t	
III					Y, TOWN OR					- 1	10d. INSIDE CITY LIMITS?
	Maryland Prince	George's		- C	xon Hi	10f. ZIP CODE			10- CIT	TEN OF W	1 YES 2 NO
RA	5206 Wheeless 2					20745					
FUNERAL DIRECTOR	5206 Wheeler Road	12. WAS DECEDENT E			13. WA	B DECENDENT OF NISP	ANIC ORIG	GIN? (Specify Yes	or No-		- American Indian, While, etc.
B≺	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X		YES 2 NO If yes, specify Cuben, Mexicen						Speci Whi	ly:
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DEC	EDENT'S	USUAL OCCU	IPATION	1	6b. KIND OF BUS	INESS/IN		
		College (1-4 or 5+)				ng most of working		TT C 7	77		
MP	12										
	17. FATHER'S NAME (First, Middle, Last) Silvio Zavarella					11					
H	19e. INFORMANT'S NAME (Type/Print)		106	MAII INC	ADDRESS (S	Treet and Number or Rurs		izzoffe			
임	Eula M. Zavarella					r Road, Ox					745
	20e. METNOD OF DISPOSITION		20h PLACEAR	NDDATE	OF DISPOSITI	N/Name of 11 Ty	7 1 1 6	Q 1 20c. LO	CATION —	City or To	/45 wn, State
	1V Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from Stale	Arline	g tor		onal Cemet					
	21. SIGNATURE OF FUNERAL SERVICE ATTEMSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633										
Old Alexander Ferry Road, Clinton, Mar										n,Maryland	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, ehock, or heer feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Approximate interval Between Onset and Death  Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL (	PART II. Other algnificant conditione	contributing to de	eth but not re	euiting	in the unde	riying cause given i	n Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE
									CRC.		OF DEATH?
ž	DID TOBACCO USE C	ONTRIBUTE	TO CAUS	SE O	F DEAT	YES   N	10 JE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	26. PLACE OF DEATH (	Check only	one)			
YSI	T YES 2 □ NO	Inpetient 2 🗆 E				Nome 5 Residence	8 🗆 Ot	her (Specify)			
	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE OF IN (Month, Day,		286. TIN	JURY	c. INJURY AT WORK?	28d. D	EŞCRIBE NOW II	NJURY OC	CURED	
BY	2 Accident Investigation	28e. PLACE OF I	NJURY — At hom	a lerm		YES 2 NO	201.14	DCATION (Street o	and Mamba	e or Purel S	house Mumbar
ETED	8 Could not be 4 Nomicide determined	bullding, ato	(Specify)		sirest, rectory	onice		ty or Town, State)	na manpe	or nurai n	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:										) end menner se stated,
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	200				29c. LICENSE N	UMBER		29d. DA	E SIGNED	(Month, Day, Year)
10 B	aformal	lejur				\$128	79		1	ely	15,1994
ř	30. NAME/AND ADDRESS OF PERSON WHO	M.D.	OF DEATH (ITEM	27) (Type	FTON	DR. LAZ	260	, and	20	77	2
30. NAME/AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Nype, Print)  ALFONGO VALLE M. D., (070) TRAFTON DR. LARBOU, MID 20772  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  JUL 1 9 1994 C. Rich Fairldson-Randalle											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chospital or attending physician.

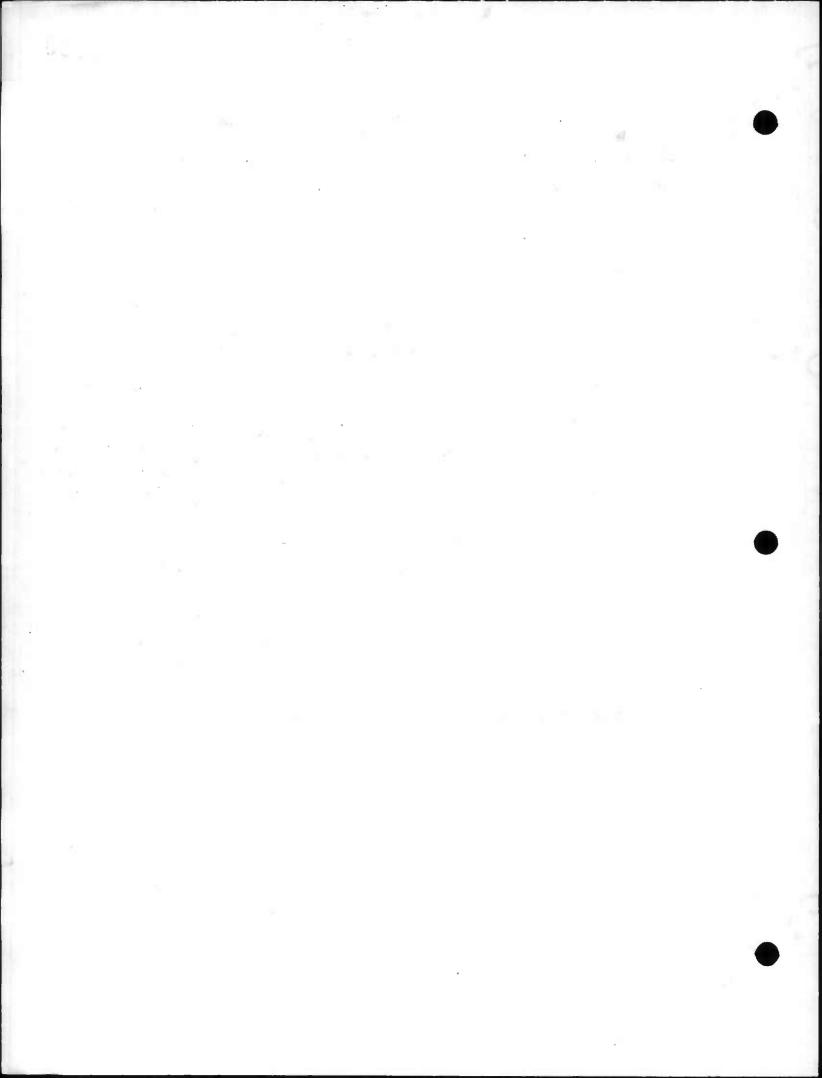
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

THE ALLES

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMN-16 Rev 1/89



		1 - FOR STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HE	ALTH AND MI	ENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Lest)					AY YE	3. TIME OF DEATH			
		MARIE D. BOWERS 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (III	yrs, last birthday)   #F UNID	R 1 YEAR   II	F UNDER 24 HRS.	JULY 7. DATE OF BIRTH	31 19	94 M BIRTHPLACE (State or Foreign			
pino		213-46-4108 1 M 2 XXF 68	YRS. MONTHS	DAYS H	OURS MIN.	(Month, Day, Year) an.27,192	26	Maryland			
. 2, 3 should	DIRECTOR	127 Leslie Avenue	96, (1)		rlea	H	ec. COUNTY Bal	timore			
3ges 1.	EC	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION	V			10d. INSIDE CITY LIMITS?			
permit. Pages		Maryland Baltimore			rlea			1 TYES 2 NO			
	FUNERAL				P CODE 1236–431	0		OF WHAT COUNTRY?			
020 physician. burial-transit	NO.	12.7 Les lie Avenue  11. Marital status  12. WAS DECEDENT EVER IN 1 Never Married 2 Married FORCES? 1 YES	U.S. ARMED 13	WAS DECENI	DENT OF HISPANIC	ORIGIN? (Specify Yes		RACE — American Indian,			
o g at	B⊀	1 Never Married 2 Married FORCES 7 1 YES IF YES, GIVE WAR OR DATE 1 YES, GIVE WAR OR DATE 1 YES			y Cuban, Maxican, NO Specify:	Puerto Rican, etc.)		Black, White, etc. Specify: White			
or attend	ETED	(Specify only highest grade completed)	18e. DECEDENT'S USUAL	during most o	of working	16b. KIND OF BU	SINESS/INDUST				
The hospital or detached for once.	COMPLE	Elémentary/Secondary (0-12) College (1-4 or 5 +) *8th grade	Housewi			Home	emaker				
/LAN by the hor be detach at once.	8	17. FATHER'S NAME (First, Middle, Last)	-	10		(First, Middle, Maiden					
MARYI erained by should be should be	BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES	R (Street and		iça Bitte		44)			
E, MARN by be retained by page 5 should be notifiled	5	Mrs. Betty L. Stuhmer	1300 St	Mary	's Rd. C	hester, N	1d. 216	19			
또 끝 및 <b>병</b>		1 U Buriel & X Cremetion 3 U Removal from State	PLACE AND DATE OF DISPO tery, cremetory or other place STO CREMETO	1			cation — city Ltimore				
ALTIMO death. Page 6 funeral directe examiner mu		21. SIGNATURE OF FUNERAL SERVICE LICENSEE			ADDRESS OF FACIL						
. 0 = 0		Lassahn Juneral Hom E					*	ryland 21236			
hours at y filled in by trion. or remo		23. PART I. Enter the diseases, or complications that caused shock, or heart failure. Liet only one ceuse on ear IMMEDIATE CAUSE (Final disease or condition	the death. Do not enter th line.					Interval Between			
68760 cecuted within and completel burial, crema		resulting in death) e	CONSEQUENCE OF):	0		, ,					
	RTIFICATION	Sequentially list conditions, if any, leading to immediate	CONSEGUENCE OF):								
	FIC	CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
	CERT	resulting in death) LAST									
DS, P the death the atter d Mental	AL C	PART ii. Other algnificant conditione contributing to deeth but	it not resulting in the u	nderlying c	ause given in Pa	ert f. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS			
S that the med by the lifth and any in	EDICA	C-o-P.D., HEND.				PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
RECORDS, requires that the despensioned by the at of Health and Ment shows any injury.	Σ					_		1 TYES 2 NO			
Ias tas t	AN	DID TOBACCO USE CONTRIBUTE TO C	CAUSE OF DEA		E OF DEATH (Check	conty one)					
는 문 원 등 6	/SICI/	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetiant 2 ER/Oulpe	tlant 3 DOA 4 N	R:	5 🗆 Residence 8						
OF PHYSIC this ce with the	/ PHY	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY WORK		8d. DESCRIBE HOW I	NJURY OCCUR	ED			
O D S	E BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined building, etc. (Specif	— At home, larm, street, fa	ctory, offica	2	81. LOCATION (Street : City or Town, State)		Bural Route Number,			
DIVIS OR ATTE NOW ATTE	9	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowle	dge, death occurred at the	Jime, data and	d place, and due to	The cause(a) and me	nner as stated.				
HOSPITAL FUNERAL WITHIN	COM	one) 2 MEDICAL EXAMINER: On the basis of examination		opinion, deati	h occured at the lir	ne, data and placa, er		ouse(a) and menner as stated.			
TO THE HOSPIT TO THE FUNERA De filed within	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	יפיף	1	00. LICENSE NUMB	ER	29d. DATE SI	GNED (Month, Day, Year)			
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA Dr. Donato A. Vargas, Jr. 101		Point	Rd. (83	32-6735) E	Balto.,	Md.			
10		31. DATE FILED (MONTH, Day, Mar) 32. REGISTRAR'S SIGNA AUG 0 41994 Julia Stevelier Rank	TURE	-							
		THE PARTY OF THE PORT OF THE PARTY OF THE PA	щ.					DHMH-16 Rev 1/89			

TO THE HOSPITAL
TO THE FUNKAL
De filed with 72
JAPPORTA T: II

The law remains that the death certificate to exercised within 25 hours often death. Date 6 may be restored by the boarding observation of existing	THEORIES THE STATE OF THE LIP COURT COULD COULD COULD COULD BE STATE OF THE STATE OF THE INSINIA OF THE INSINIA OF THE INSINIAL OF THE INSINIA	CNAH; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	mays affit death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	my2gls marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TA GC		JIREC	5	End.
- 4		_	#	400

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ID / DEPARTN CERTIFIC			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. T	IME OF DEATH	
	Margaret B. Bruni					7/29/9 <sup>2</sup>	AY YEA	AR		M
				UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	8. B	IRTHPLAC	E (State or Foreig	gn
		□ M 2 XXF 80	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 1/15/14	Ĭ	ounny) Balt:	imore,	md.
	9e. FACILITY NAME (If not institution, give street a	and number)	98	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY (		,	
DIRECTOR	3302 Parklawn Ave.			Balti	more					
ᇤᅵ	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		10c CITY TO	OWN OR LOCAT	ION			1404	INSIDE CITY	=
<u></u>	Maryland			timore					LIMITS?	
	10e. STREET AND NUMBER		Daı		ZIP CODE		10g. CITIZEN		COUNTRY?	<u>'</u>
FUNERAL	3302 Parklawn Ave				21213		USA	01 1111111	COOMING	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. — 14. RACE —								mericen Indian,	-
	1 Never Merried 2 X Married	city Cuben, Maxica 2 X NO Specifi	n, Puello Rican, etc.)	1	Black, Whi Specify:	te, atc.				
BY	Whi								ce	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	iN 16	Give kind of work	done during mos	N at of working	16b. KIND OF BU	SINESS/INDUSTR	RΥ		
ا پ		ollege (1-4 or 5+)	life. Do NOT use re			Б.	0 .			- 1
COMPLET	8   Waitress   Pizzas Restaurant									$\rightarrow$
- 1										
H										-
임										- 1
	204/ METHOD OF DISPOSITION	20b. Pt	ACE AND DATE OF D				CATION — City		tate	$\overline{}$
	1 [A Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Holy Redeemer Cemetery 8/1/94 baltimore, Md.									
Į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	MAN NOOD E.	maltha	<b>M</b> O			ral Home rd. Balti			14000	
	23. PART I. Enter the diseases, or comp	na. Z	Approximate							
	ahock, or heart fellure. List	Dnly one ceuse on each	n line.				, arroat,		interval Betwo	reen
	IMMEDIATE CAUSE (Final disease or condition resulting in death)									
ľ	resulting in death)									
z	Melabolis/Electrolyte Imboland									
	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury  Due TO (OR AS A GONSEQUENCE OF):									
RTIFICATION	that initiated events resulting in death) LAST	Cenvent	DARL N	C.	ncer			į		
CE	d	7 004	07000-					<u> </u>		
AL.	PART ii. Other aignificant conditions co	ntributing to death but	not resulting in t	he underlying	cause given in	Part i. 24a. WAS AN			E AUTOPSY FINDS	NGS
음┃	COPD					1 YES :		COM	PLETION OF CAU	SE
ME									YES 2 NO	1
ä	DID TOBACCO USE CON	ATRIBUTE TO C	AUSE OF D	EATH Y	ES X NO					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	0	26. PL THER:	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDIC	1 YES 2 NO 1 D	Inpatient 2 ER/Outpatie	ent 3 DOA 4	Nursing Home		8 Other (Specify)				_
	1 Naturel 5 Pending	(Month, Day, Year)	28b. TIME O	WO	PRY AT PK? ES 2 NO	28d. DESCRIBE HOW	NJURY OCCURE	D		
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	At home, term, stree			281. LOCATION (Street	and Number or Br	ural Brusta	Mumhar	$\dashv$
9	4 Homicide 8 Could not be	building, atc. (Specify)		,		City or Town, State		, a 1100te	TOTALOGI,	
29e. CERTIFFIER (Check only Check only Check only Lawrence of the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.										
	(Check only one) 2 MEDICAL EXAMINER: On							use(e) end	manner ee state	
5	29h SIGNATURE AND TITLE OF CERTIPIER	70								~·
2	Marker Bile VI	an MD			1) 191		29d. DATE SIG	MED (Mon	m, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	10)	7111		1 4 -	>1/6	17	$\dashv$
	MICHAEL B.D	ILLOW M	D 550		CANWA	AY BA	TIMI	XE	MAZI	201
	31. DATE THEOTHOUNT TOOM JALLA	Andrew Redut			37.0	1 10///	- 11-16			
AUGU 47994 Jun 00000000000000000000000000000000000										

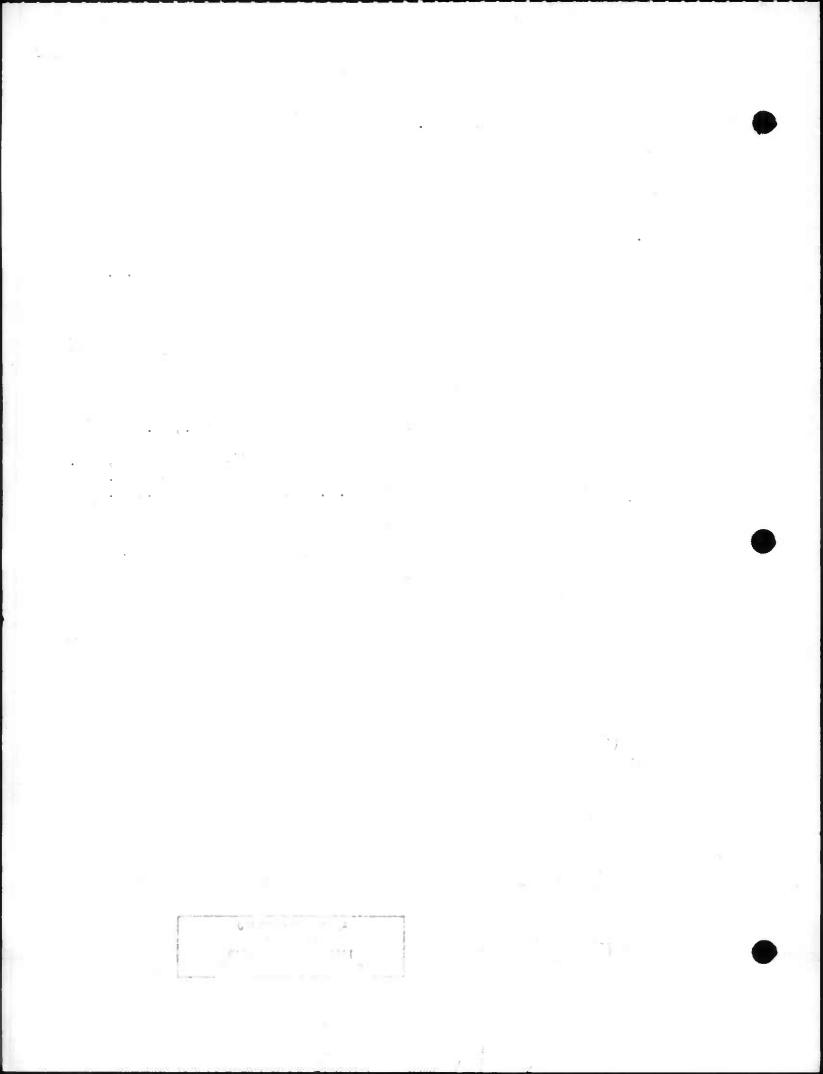
DHMH-16 Rev 1/89

IMORE, MARYLAND 21215-0020
Page 6 may be retained by the hospital or attending physicia

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	SUDO
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BOX 68760	executed
õ	3
P.O. B	certificate
S, P	death
Ö	中
H	that
RECORDS,	requires
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IA	The
DIVISION OF VITAL F	PHYSICIAN:
ISION	TTENDING
2	RA
	AL O
	HOSPIT
/	出
	0

	1 - FOR STATE REGISTRAR	STATE OF MARYL			TMENT OF H			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Frank	c A.	Воо	th			2. DATE OF DEATH MONTH 07 29	94	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-09-2038  96. FACILITY NAME (If not institution, give s	1 ∰ M 2 □ F	(In yrs. last 85		IF UNDER 1 YEAR MONTHS DAYS	# UNDER	MIN.		)9	Vii	cginia
стон	5520 Cadillac				Balt		ATH	9c. COU	NTY OF D	EATH	
- DIRECTOR	MD .	Y		10c. CITY	, town or locat Balt		re				10d. INSIDE CITY LIMITS? YSYES 2 NO
FUNERAL	5520 Cadilla					212	07		1	U.S.	
B	1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		If yes, sp	ecify Cube		C ORIGIN? (Specify Ye , Puerto Rican, etc.)	s or No—		American Indian, k, White, etc.  Black
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed)  College (1-4 or 5+)	(Give	e kind of w Do NOT use	usual occupation ork done during more retired.)	est of working	ng	16b. KIND OF BU			Steel
E COMP	17. FATHER'S NAME (First, Middle, Last)	Unknown					II	TE (First, Middle, Meiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Beverly Brown	MAILING 3305	ADDRESS (Street o	nd Number	or Rural R	oute Number, City or Town Balto.	n, State, Zip	212	215		
TIFICATION	20b. PLACE AND DATE of DISPOSITION  1 St Burlet 2 Cremetion 3 Removal from State  4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  20b. PLACE AND DATE of DISPOSITION (Name of cermetery, crematory or other place)  Woodlawn Cemetery 8/2/94 Woodlawn. MD.  22. NAME AND ADDRESS OF FACILITY 1721-27 N. Monroe ST  CFSP #281 E.L. Phillips F/HBalto., MD. 21217										
	23. PART I. Enter the diseases, or	complications that cause	SP #:	281	E.L.	Phi	llip	s F/HBal	to.	,MD.	21217
	shock, or heart fellure.  iMMEDIATE CAUSE (Finel disease or condition reculting in deeth)	e.	eech line.	I	M			AL INFA			interval Batween Onset and Death
NOI	DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION											
0	PART II. Other aignificant condition	e contributing to deeth t	but not re	suiting ir	the underlying	g ceuse (	given in f	Pert I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
: MEDICAL								1 YES 2			COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMNER?	HOSPITAL:	28. PLACE	OF DEATH	NO CHER:	UNC	ERTAIN			_	
РНУ	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	patient 3 (	28b. TIME	OF 28c. INJ	-	-	Other (Specify)  28d. DESCRIBE HOW I	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide	28e. PLACE OF INJURY building, etc. (Spe	Y — At hom	re, ferm, at	reet, fectory, offic	•		281. LOCATION (Street City or Town, State)		or Rural R	Poute Number,
4	one) 2 MEDICAL EXAMINE	CIAN: To the best of my know									) and manner se stated.
TO BE CO	29b. SIGNATURE AND TUZLE OF CENTREE	_ Mo				29c. LICI	NSE NUM	7569	29d, DAT	SIGNED 2	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH			27) (Type, 1		LUETTI	EMAN	V.D.		7	
	AUG 0 4 1994 Ju	32, REGISTRAR'S SIGN			1777 R	SUITE	#365				

SUITE #365 1777 REISTERSTOWN ROAD PIKESVILLE, MARYLAND 21208



												9	4	22001
		FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT ICATE				MENTAI	L HYGIEN	E		
	ì	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
		Alfred Mann B	Brooks							AUG	SUST S		944	2025 M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
İ	į	217-01-1203	1 🖄 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	11/	11/19	16	Mar	yland
1		9a. FACILITY NAME (If not institution, give stre				9b. CITY	TOWN O	R LOCATE	ON OF DE				NTY OF DI	*
9		Union Memori	al Hos	pital		В	alt.	imor	ce C	city				
DIRECTOR		RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY			to. CIT	Y, TOWN C	D 1 004T	1001						
		Maryland												10d. INSIDE CITY LIMITS?
	- 11	100. STREET AND NUMBER				Balt	7	TIP CODE				10- 017	ZEN OF N	1 X YES 2 NO
FUNERAL		3050 Matthews	Stroot	_			1000		1218	2				
I				T EVER IN U.S. ARM	4ED	13. 1	WAS DECI				? (Specify Yes			States
		1 Never Merried 2 X Married		X YES 2 N		1	f yes, spe	cify Cuba	n, Maxicar	n, Puerto F	tican, atc.)	01110		— American Indian, L. White, stc.
BY		3 Widowed 4 Divorced	WW					2 M	Opecny				Specif	White
		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. KIND OF BUSINESS/INDUSTRY												
٣	H		College (1-4 or 5 +	)							_	_		
COMPLETED	ı	17. FATHER'S NAME (First, Middle, Last)		wa	ren	ouse	man				Farm		pme	nt
	ı		Dynaka	~							Maden .			
		James Walter Brooks Theresa McQuire  19a. INFORMANT'S NAME (Types/Print)  19b. MAILING ADDRESS (Street and Number or Parel Route Number, City or Town, Stete, Zip Code)												
TO BI		Mrs. Florence B.	Brooks	100							altimo			21218
2	1	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE	OF DISPOS	ITION /Nar	me of		DATE	20c, LO	CATION -		
1 X Burlat 2 Cremation 3 Removal from State cemetery crematory or other 4 Donation 8 Other (Specify)							etera	n's C	em. 8	3/8/94	Owin			
Ē		21. SIGNATURE OF FUNERAL SERVICE LICEN	wsee Mark	T. Zavoyna									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J = 4.14
21. SIGNATURE OF FUNERAL SERVICE LICENSEE MAYK T. Zavoyna  Mark T. Zavoyna  22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road 21214							Л							
Hedical	1	23. PART I. Enter the diseeses, or con	mplications that	caused the dea	ith. Do r									Approximate
Ē		shock, or heart failure. Li	st only one cau	se on each line.				,						Interval Between
9	Ì	IMMEDIATE CAUSE (Final disease or condition CERERONALCIU AR ACCUSE TO THE CONTROL OF THE CONTROL									17 days			
event,	a. CEREBROVASCULAR ACCLDENT  DUE TO (OR AS A CONSCOUENCE OF):  130								13000					
		Sequentially list conditions to LEFT VENTRICULAR SEPTAL THROMBUS 3 days												
or other traumatic	I	If any, leading to immediate	DUE TO	(OR AS A CONSEO	UENCE O	F):								
		CAUSE (Disease Dr Injury												
TIFIC		that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OI	F):								
		d.,												-
		PART II. Other aignificant conditions						cause g	given in I	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDIC.		RIGHT UPPER	LOBE	PNE	UMC	NIL	7			_	t TYES 2			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	ı									_				1 YES 2 NO
PHYSICIAN: MEDICAL		DID TOBACCO USE CO	ONTRIBUTE	TO CAUS	E OF	DEAT	H YE	S 🗆	NO	V				
SIC A	İ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only on	0)			
Z S	ı	1 YES 2 WNO 1	_	ER/Outpetient 3		4 🗆 Nun	ing Home		sidence	8 🗌 Other				
	ı	1 Neturel 5 Pending	28e. DATE OF (Month, De		28b. TtM INJ	URY	28c. tNJL WOF	RIC?	7 110	28d. DEŞ	CRIBE HOW IN	NJURY OCC	:URED	
-	I	2 Accident Investigation M 1 YES 2 NO						ATION (Street a	and Moranhau	P ( C	house Months			
	ı	4 Homicide S Could not be	building,	etc. (Specify)	,, .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o. y, ooc				or Town, State)	no reamour	OF HUFBY PI	oute Namber,
PLE	ı	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of	- translada da		4 - 4 - 4						300000	-	
COMPLETED		(Check only one)  2 MEDICAL EXAMINER:												and manner as statut
	-	29b. SIGNATURE AND TITLE OF CERTIFIER					T	_			To prove, and			
F   m		Marile-	lake on	MA					NSE NUM フノムつ		2780	29d. DAT	SIGNED	(Month, Day, Year)
일	-	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)		IIVT[	1673	ンガへ	× 18 U	-	5/2	177
	- 11													

201E

UNIVERSITY PARKWAY

DHMH-18 Rev 1/89

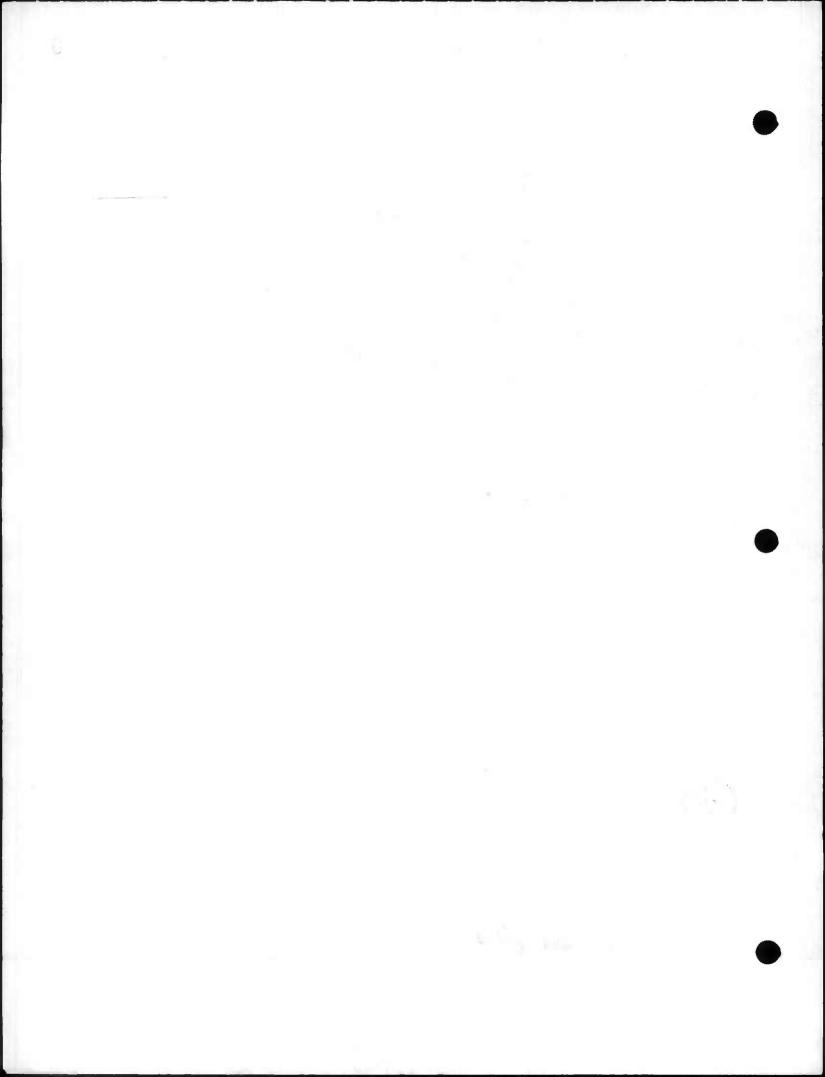
BALTIMORE



SUZANNE KAREFA-TOFWORLLEN D
31. DATE FILED (MONTH), PROPERTY STATE OF THE CISTRAN'S SIGNATURE
AUG 0 4 1994

Tills "

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)  I SA DORE	BLUM		***		2. DATE OF DEATH	MY YE		
P.		4. SOCIAL SECURITY NUMBER 5 214-18 7016 1	. SEX 8. AGE (III	yrs. last birthday)  8 8 YRS.	IF UNDER 1 YEA MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	°	BIRTHPLACE (State or Foreign Country)	
1, 2, 3 should	стоя	9a. FACILITY NAME (If not institution, give street  EVINDALE  RESIDENCE OF DECEDENT	t end number)			N OR LOCATION OF D	EATH	9c. COUNTY		
Pages	DIREC	106. STATE 106. COUNTY MARYLAND			Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
in. ansit permit.	FUNERAL	2500 W. BELVEDERE	AVE. APT	. 517		21215		10g. CITIZEN USA	OF WHAT COUNTRY?	
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 NO	If yes,	DECENDENT OF HISPAI specify Cuban, Mexica (ES 1 NO Specific		RACE — American Indian, Black, White, etc. Specify: WHITE		
2121 al or atte for use a	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of title. Do NOT ut	work done during se retired.)	most of working	CITY OF			
YLA by the be der	101	17. FATHER'S NAME (First, Middle, Last) BENJAMIN	Surname) GOLDBERG							
be retain ge 5 sho	TO B	199. INFORMANT'S NAME (Type/Print) BARRY LEVY			ADDRESS (Street		Route Number, City or Tow			
O C C C C C C C C C C C C C C C C C C C	6	Rep. METHOD OF DISPOSITION  41 Burlal 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	from Stata ceme	PLACE AND DATE htery, cremetory or o AR ZION	ther place) TIFERE	TH ISRAEL	8/1/1994	ROSED	or Town, State DALE, MD	
death. e funera e funera il.		21. SIGNATURE OF FUNERAL SERVICE LICEN	100	Luca	SOL 6010	REISTERT	& BROS., II	ALTO.,		
ted within fours after completely filled in by the fail, cremation, or removal, event, the medical or		23. PART Enter the diseases, or conshock, on heert failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	polications that caused to only one ceuse on ee	ch line.				iratory arreat,	Approximate interval Batween Onset and Death	
DX 68/0 be executed cian and corr or to burial,	RTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
death certificate attending physiental Hygiene pri	101	that initiated eventa resulting in death) LAST	DUE TO (OR AS A							
V requires that the been signed by the c. of Health and M shows any init	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Brewin turner - Caliob on the ma								
AN: The law ificate has the State Dept ritem 23	SICI		IOSPITAL:	rtlent 3 DOA	OTHER:	PLACE OF DEATH (Ch				
PHYSICIA This certify h with the	≥	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D	
OR ATTENDING OR ATTENDING DIRECTOR: After hours at Age the 28 is in	STATE OF THE PARTY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Specific	— At home, farm,	street, factory, o	ffica	281. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,	
HOSPITAL OR FUNERAL DIRI WITHIN 72 HOUT	COMP		N: To the best of my knowle On the basis of examination						use(s) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT; If I	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ma.			D-4		29d. DATE SIG	NED (Month, Day, Year)	
	5	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Туре	Print)					
		31. DATE FILED (Month, Day, Year)  AUG 04-1994	32. BY GETRAMS SIGNA	TURE Pardall						



**DHMH-18 Rev 1/89** 

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — Frours after death. Page 6 may be retained by the hospital or attending physician.

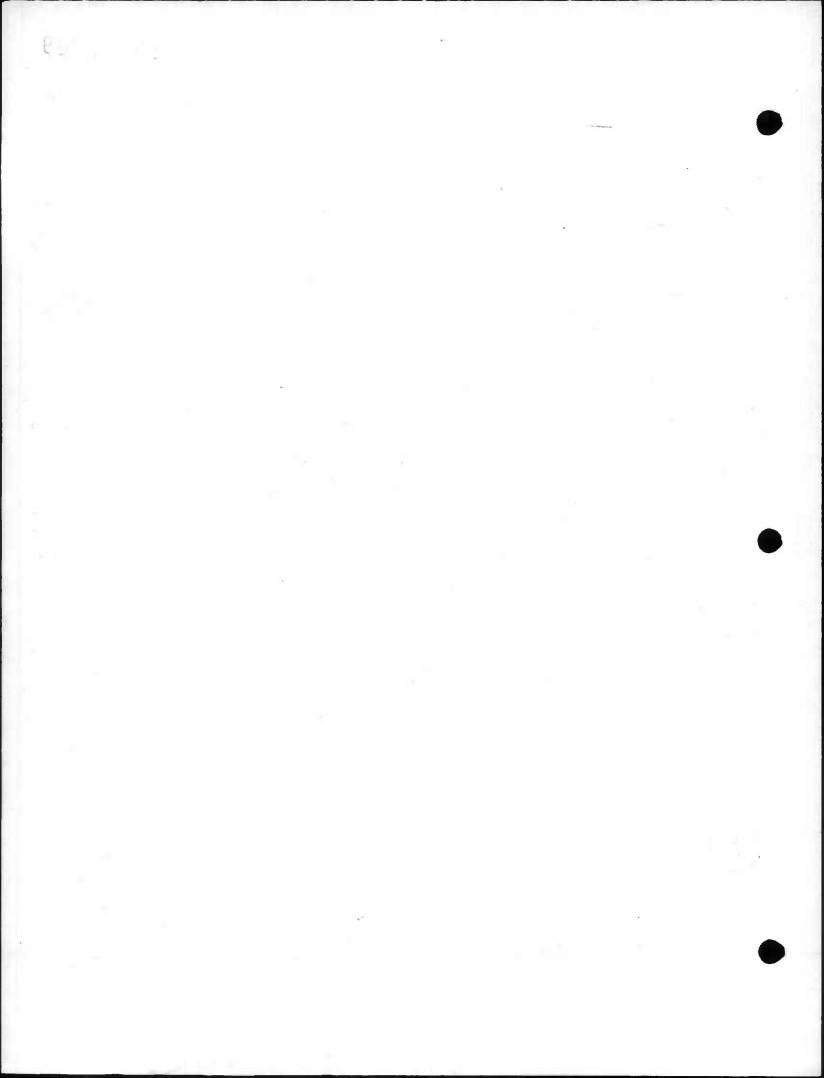
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Es is, marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1		-		R ATI GIS		A.F	R
	1,	D	EÇE	DEN	IT'	S N	A
			-			4	

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE	OF DEATH	REG. NO	).				
V	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	JOE BUK  4. SOCIAL SECURITY NUMBER  5.					-/	31 94	10,55 AM			
	082-30-8211	☑1112 □ F	56 YRS.	ONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	S Cou	THPLACE (State or Foreign Intry) NEW YORK			
OR	99. FACILITY NAME (If not institution, give street HOWARD COUNTY GENE		TAL	" COLU	MBIA	EATH	HOWARD	DEATH			
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40. 0777	TOWN OR L	20471011			T			
DIRECTOR	MARYLAND HOWARD 100 COLUMBIA							10d. INSIDE CITY LIMITS?  1 YES 2 NO			
FUNERAL	11866 BLUE FEBRUA	RY WAY			101, ZIP CODE 21044		10g. CITIZEN OF	WHAT COUNTRY?			
84	11. MARITAL STATUS  12. Merried  3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPA I, specify Cuben, Mexic YES 2 NO Speci		Bi	CE — American Indian, ack, White, etc.			
	15. DECEDENT'S EDUCAT (Specify only highest grade con			T'S USUAL OCCUPATION of work done during most of working							
COMPLETED	Elementary/Secondary (0-12)	III. Do NOT use CHEMIS	retired.)	y most or working	SWEETH	EART CUF	co.				
	17. FATHER'S NAME (First, Middle, Last) MAX			18. MOTHER'S NAME (First, Middle, Maiden Surneme) EDNA FELDMAN							
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. SUSAN BAKER		196. MAILING A	DORESS (SIN	eet end Number or Rurel FEBRUARY		rte Number, City or Town, State, Zip Code)				
	20e. METHOD OF DISPOSITION	Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE.	COLUMBIA M			0/1/94	OLUMBIA,	MD			
		nson			LEVINSON F REISTERT		NC. ALTO., M	D 21215			
	23. PART   Enter the diseases, or com	plications that caus	ed the death. Do no	enter the	mode of dying, su	ch es cardiec or resp	iretory srrest,	Approximate			
	shock, or heart failure, Lia IMMEDIATE CAUSE (Final	t only ona cause on	aach lina.					intarval Batween Onset and Death			
		Sentic	Shock					6725			
	DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentielly list conditions,  Due TO (OR A&A CONSEQUENCE OF):  Due TO (OR A&A CONSEQUENCE OF):										
Ĕ											
2	cause. Enter UNDERLYING CAUSE (Disease or injury	Freum						80/000			
CERTIFICATION	that initieted eventa resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):								
5	1045										
EDICAL (	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Throm-bacy-topanic bleeding 246. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
WE	0 /							1 TYES 2 NO			
ÿ	DID TOBACCO USE CO	INTRIBUTE TO	CAUSE OF	DEATH	YES   NO						
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			B. PLACE OF DEATH (C	heck only one)					
YSI	1 TES 2 -NO 1	Inpetient 2 - ER/O		OTHER:  ☐ Numing	Home 5 🗆 Residence	8 Other (Specify)					
BY PHYSICIAN:	27, MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Year		77	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED				
0	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	RY — At home, ferm, str pecify)	eet, factory,	office	28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						
۳	290, CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my kn	owledge death accurred	et the time	deta and place and du	10 the country and and					
COMPLETE	(Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.										
8E	29b. SIGNATURE AND TITLE OF CERTIFIER	2/08	2. ML	9	29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year) Z 1-94			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)	0.0 5	1/2 200E,	Partie	bice 17.17			
	31. DATE FILED WHOMIT, Day, Year)	32. REGISTRAR'S SI	GNATURE -	run	KO S	THE SUUE,	NOTT	- 21044			
31. DATE FILED MICHITY DOUT YOUR SIGNATURE  32. REGISTRAR'S SIGNATURE  SALIC 04. 1994  Jahr Dawlion Royall											



After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detach with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician. ING PHYSICIAN: The law requires that the death certificate be executed within 2-

BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760,

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Harold		Cohen			MONTH DA	YEAR 94	4: 15 am			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	111111111111111111111111111111111111111		THPLACE (State or Foreign			
	220-18-5801	1 <b>X</b> M 2 □ F	67 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)19 11-17-14	94	MD			
	9s. FACILITY NAME (If not institution, give a	,		9b. CITY, TOW	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATN			
DIRECTOR	Union Memoria	al Hospita	al	Balt	imore C	ity					
36(	10s. STATE 10b. COUNT	Υ	10c. CI	TY, TOWN OR LOC	ATION			10d. INSIDE CITY			
	MD BAI	TIMORE		BALTIM	DRE			LIMITS?			
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZ							WHAT COUNTRY?			
FUNERAL	7203 ROCKLAND				21209		USA				
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES	II yes,	ECENDENT OF NISPAN specify Cuben, Mexics ES 2 XNO Specify		Ble	CE — American Indian, ick, White, etc.				
	15. DECEDENT'S EDU	WWII - N		LIGHT COOLING	=			WHITE			
E	(Specify only highest grade	completed)	(Give kind of life. Do NOT u	work done during a	most of working	16b. KIND OF BUS	SINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	MERCHAN			RETAIL					
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden :	Surname)				
BE C	ISADORE	COHEN			REBEC	CA		OFSKY			
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural I	Route Number, City or Town	n, State, Zip Code)				
2	MRS. ELAINE COHE	N.	7203	ROCKLAN	D HILLS D	R., APT. 1	O3 BALT	O., MD 21209			
	20s. METNOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION			CATION — City or				
	4 Donation 5 Other (Specify)	oval from State	HEBREW YO		8/1/9	A BA	LTIMORE	, MD			
	21. SIGNATURE OF FUNERAL SERVICE LI	NSEE A		22, NAME	AND ADDRESS OF FA	CILITY		,			
	Appluent /	tellua				BROS., IN		D 01015			
	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do	16010	REISTERTO	WN RD. BA	LTO., M				
	snock, or meant fellure.	List only one cause o	n each line.	not enter the t	node of dying, such	ir sa cardiec or respi	retory strest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	Vo no						Onset and Death			
	DUE TO (OR AS A CONSEQUENCE OF):										
_		neutro penia /WK									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
8	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  c.   DUE TO (OR AS A CONSEQUENCE OF):  Bladdle Ca  7/ yr										
Ĕ	that initiated events	DUE TO (OR A	S A CONSEQUENCE C	F):		· · · · · · · · · · · · · · · · · · ·		0			
	resulting in death) LAST	d									
	PART II. Other significant condition	a contributing to deal	h hut not reculate	In the constant							
DICAL	CA-D	a contributing to dear	ii but not resulting	in the underly	ing ceuse given in	Part i. 24s. WAS AN . PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ا ۾						1 YES 2	No	OF DEATH?			
ME	DID TOBACCO USE (	CONTRIBUTE TO	CAUSE OF	DEATH	VEC ET NO			1 TYES 2 NO			
Ä	25. WAS CASE REFERRED TO MEDICAL	JONIKIBUTE TO	CAUSE OF								
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Chi	eck only one)					
₹	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/C			ome 5 Residence						
	1 Netural 5 Pending	28s. DATE OF INJUI (Month, Day, Yes	RY 28b. TR	JURY	NJURY AT VORK?	28d. DEŞCRIBE NOW IN	NJURY OCCURED				
B	2 Accident Investigation	284 PLACE OF IN I	URY — At home, term,		YES 2 NO						
	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (3	Specify)	street, tactory, or	iice	281. LOCATION (Street a City or Town, State)	nd Number or Rure	I Route Number,			
COMPLETED	29e. CERTIFIER										
M M	(Check only	ICIAN: To the best of my ki									
ខ្ល	2   MEDICAL EXAMINE	H: On the besis of examin	ation and/or investigati	on, in my opinion	, death occured at the	time, date and place, and	d due to the cause	e(s) and manner es stated.			
8	296. SIGNATURE AND TITLE OF CERTIFIE	R 140			29c. LICENSE NUM			ED (Month, Day, Year)			
2	19niller	MU			A 1243	8746-1-5	July	31,1994			
	50. NAME AND ADDRESS OF PERSON WH Helen Chen	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	a, Print)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE								
	AUG 0 4 1994	Little of imprise	THEOLOGIA								

TO THE HOSE TAL TO THE FUNE AL TE filed within The IMPORTANT: If IT

The first of the folia syllin

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

, CALL 1110 1111, 1110 1111 1110 1111 1110 1111	SJCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	emation, or removal.	nt, the medical examiner must be notified at once.	
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	be filed with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTMET Prem 2 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

e Administration of House at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
is illested, of item 2.5 shows any might, of other national event, the illegice	D BY PHYSICIAN: MEDICAL CERTIFICATION	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH
MEYER D		CASSEI			8/2/1994		5:30 A M
	5. SEX 6. AGE (		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	_	HPLACE (State or Foreign
214-03-3020	X M 2 □ F		IONTHS DAYS	HOURS MIN.	9/6/1908	Coun	
9e. FACILITY NAME (If not institution, give stree			OL OUTY TOURS				
				OR LOCATION OF OR	ATH	9c. COUNTY OF	
MILFORD MANOR	NURSING HOP	TE	BAL	TIMORE		BALT	IMORE
10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAL	TION			10d. INSIDE CITY
MD BAT	TIMORE		ALTIMOR				LIMITS?
10e. STREET AND NUMBER	TIPORE	DE					1 YES 2 NO
7209 VALLEY COUNT	RY CT; APT.	Al	10	21208		10g. CITIZEN OF US.	WHAT COUNTRY?
11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.S. ARMEO			IIC ORIGIN? (Specify Yea	or No- 14. RAC	E — American Indian,
1 Never Married 2 Married   FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES				ecify Cuban, Maxica 2 NO Specify	n, Puarto Rican, etc.)	Spe	ck, White, atc.  City:  WHITE
15. OECEOENT'S EOUCAT (Specify only highest grade col	TION	16a. OECEOENT'S U			16b. KINO OF BUS	INESS/INOUSTRY	
	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	ast of working			
12		AGI	ENT		II I	NSURANCE	
17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NA	ME (First, Middle, Malden :	Sumama)	
	CASSEL			LENA		SEG	ALL
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING A	OORESS (Street		Route Number, City or Town		
MR. BERNARD YAFFE	!				LTIMORE, MI		
20a. METHOD OF DISPOSITION	20h	PLACE AND OATE OF			T	CATION — City or T	own State
1 Deputed 2 Cremation 3 Remove	ol from State .A:	nshe or other	er place)				
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE ///	NASHE- EMI	22. NAME A	NO AOORESS OF FA	CILITY	ALTIMORE	, MD
	/L+ /11		SOL	LEVINSON	W & BROS, I	INC.	LI LI
Manly L.	Dullhu	In	6010	REISTERS	OWN RD, BA	ALTIMORE	, MD 21215
shock, or heart faifure. Lis  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	OUE TO (OR AS A	A		wot.	Cadena	Llu Dix	Interval Batween Onset and Daath
PART II. Other significent conditions of	contributing to deeth be	ut not reaulting in	the underlyin	cause given in	Part I. 24s. WAS AN	AUTOPSV 24	b. WERE AUTOPSY FINDINGS
		et.w	79.7	/	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
1,0		~~~	111	/11.01	1 TES 2	- 20	OF DEATH?
- And		Dec	10: my	Muso		1	YES 2 NO
DID TOBACCO USE CONTRIB		F DEATH YES	□ NO □	UNCERTAIN	1 🗆		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	28. PLACE OF OEATH					
4 C 3 Mars 4 C 4	☐ Inpetient 2 ☐ ER/Outp		OTHER: Nursing Horr	e 5 🗆 Rasidence	6 Other (Specify)		
27. MANNER OF CEATH	28e. OATE OF INJURY	28b. TIME	OF 28c. INJ	URY AT	26d. OEŞCRIBE HOW IN	JURY OCCUREO	
1 Natural 5 Pending	(Month, Day, Year)	INJUI	M 1 🗆	YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, lerm, str	eet, factory, offic		261. LOCATION (Street &	nd Number or Rural	Route Number,
4 Homicide detarmined	building, atc. (Spec	eny)			City or Town, State)		
29a. CERTIFIER	N. T. M. L. A. d						
(Check only one)  1 CERTIFYING PHYSICIA  MEDICAL EXAMINER:							a) and manner as stated
	The state of the s						
29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Dp., Year)							
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)							
Trutt Cope Can J. M. 5310 Old Ct Kl Sule 201 Rand Jan My							
AUG 04 1994	gictals to the education	stufferdall				(	21133

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should noval.	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pury after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely includent funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			IENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH			
	OPAL ANZA	COFFMAN				MONTH DA		/EAR M			
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	August 2,1		. BIRTHPLACE (State or Foreign			
	218 36 1995	1 🗆 M 2 😾 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 03/20/1897		Country) Vest Virginia			
	9a. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN O	R LOCATION OF DEA			Y OF DEATH			
DIRECTOR	2101 Orems Road		Middle River Baltimore Co								
S	10s. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION							10d. INSIDE CITY			
<u>۾</u>	Maryland Baltin	more County	M: da	le Rive	_			LIMITS?			
	10e. STREET AND NUMBER	noic country	Tritod.		ZIP CODE		10a, CITIZE	N OF WHAT COUNTRY?			
S.	2101 Orems Road				21220						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	21220	C DRIGIN? (Specify Yes		S.A. I. RACE — American Indian,			
	1 Never Married 2 Married	FDRCES? 1 YES	2 X ND	2 ND II yes, specify Cuben, Maxican, Puar				Black, White, etc.			
BY	3 X Widowed 4 Divorced	IF TES, GIVE WAR DRI	DATES	TES 2 23 NO Specify:				Specify: White			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U			16b. KIND OF BUS	INESS/INDUS	STRY			
	(Specify only highest grade Elemantary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo retired.)	st of working						
7	12		HO	usewife			Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden	Surname)				
	John D. Radford				Louise E	Barnes					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural Ro	oute Number, City or Town	n, State, Zip Ci	ode)			
2	James L. Coffman		2101 O	rems Roa	ad Baltim	ore Maryla	and 21	220			
	20a. METHOD OF DISPOSITION	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crametory or 26c. LOCATION — City or Town. State									
	1 Department 2 Cremation 3 Rem	B	elair Memo	orial G	ardens 8/	5/94 Har	ford (	County, Md			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FAC	ineral Home	2 D 7				
	1 hha 15	- 2 ·	1					Maryland 21221			
	23. PART I Enter the diseases, or	complications that cause	ed the death. Do no								
	✓ ahock, or heart fellure.	List only one cause on		/	<i>(</i> )	and our reap		interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	0	T.	4-	12 O.			Onset and Death			
	e. Due to (or as a Consedurace of):										
	The state of the s										
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEDUENCE OF):										
¥.	frany, leading to immediata cause. Enter UNDERLYING										
띮	CAUSE (Disease or Injury that initiated events	C. DUE TO (DR AS	A CONSEDUENCE OF)	:							
CERTIFICATION	resulting in death) LAST	d									
Ä	PART II. Other algorificant condition	is contributing to death	but not resulting in	the underlying	cause given in F	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음						1 YES 2	NO	OF DEATH?			
ME						_		1 - YES 2 - NO			
PHYSICIAN: MEDIC											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE DF DEATH (Che	ck only one)					
YSI	1 YES 2 ND	1 Inpetient 2 ER/Ou	tpetient 3 DOA	□ Nursing Hom	e 5 Residence (						
PH	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)		RY WO	RK?	28d. DEŞCRIBE HOW I	NJURY OCCU	RED			
ВУ	2 Accident Investigation				ES 2 ND						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp.	tY — At home, ferm, str ecily)	eet, factory, offic	.	28f. LOCATION (Street I City or Town, State)		r Rural Route Number,			
E											
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
COMPLET	one) 2 MEDICAL EXAMINER; On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	296. SIGNATURE AND TITLE OF CERTIFIE	R	/ Alan		29c. LICENSE NUM	BER	29d. DATE :	SIGNED (Month, Day, Year)			
) BE	Danis est	monot			9100	32	1	14/94			
٤	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAUSE OF	EATH (ITEM 27) (Type, I	•	-11	11	7/-				
	2108 (IREN	15/12/	UDALT	-040	RE	(V)	×( ]	220			
	31. DATE FILED (Month, Day, Year)	32 MEGISTRAR'S SIG			100000	-					
	AUG 0 4 1994	This Dinden-	Kendall								
		V						DHMH-18 Rev 1/89			

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR TO THE FUNERAL DIR DE filed within 72 hou	THE MOSPITAL OR ATTRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	rs after death with the State Dept. of Heath and Memtal Hygiene prior to burial, cremation, or removal.	INDORTANT If item 28 is marked or item 23 shows any intervent or other traumatic event the medical avaminer much the marked or item 28 is marked or item 28 is marked or item 28 is marked or item 28 is marked or item 28 is marked or item 28 is marked or item.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN	After this	be filed within 72 hours after death with the S	IMPORTANT: If Hem 28 is marked or i

	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMENT ICATE	OF H	EALTH DEA	AND I	MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last, RUBY DESEMON								UST O	3 19	941	3. TIME OF DEATH 10:02 A			
1000000	4. SOCIAL SECURITY NUMBER 214-37-4791	5. SEX	6. AGE (In yrs. )	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	7. DATE OF BIRTH (Month, Day, Year) 1 - 4 - 4 ()			8. BIRTHPLACE (State or Foreign Country)		
r	9a. FACILITY NAME (If not institution, give	9b. CITY,	CITY, TOWN OR LOCATION OF DEATH  1 - 4 - 4 0  BAI.TO  BC. COUNTY OF DEATH												
5	2434 F PRESTO			BALI											
DILLE	MD .		Y, TOWN O		ION						10d, INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	DAI	TIMO	_	. ZIP COD	E			10g. CIT	IZEN OF N	1 X YES 2 NO				
ייייייייייייייייייייייייייייייייייייייי	2434 EAST PRES	STON STR	EET				2121	. 3			U.	S.A	•		
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 43 Vivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED SNO	11	yes, sp	ENDENT Cook	n, Maxica	n, Puerto	N? (Specify Yea Rican, etc.)	or No—	Spec			
- 1	15. DECEDENT'S ED	UCATION	16a f	DECEDENT'S	USUAL OC	CUPATIO	W.		1 101	b. KIND OF BUS	PALEOS (IA)	BLA	CK		
	(Specify only highest grad	College (1-4 or 5		(Give kind of v life. Do NOT us	work done d se retired.)	luring mo	st of workii	טי		B. KIND OF BU	5INE 35/INI	DUSTRY			
	17. FATHER'S NAME (First, Middle, Last)	n/a_			1/a		18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)				
	GEORGE GRE	SHAM					EV	ELYN	I HA	WKINS					
	19a. INFORMANT'S NAME (Type/Print)		1	196 MARLING	ADDRESS	(Street a	nd Number	or Rural I	Route Nun	ober, City or Tow	n, State, Zij	p Code)			
	TREMAINE LEMO			EANDDATE				-/1.2	DAT		DCATION — City or Town, State				
	1 Donation 5 Sther (Specify)			remetory or o					1						
	21. SIGNATURE OF FUNERAL SERVICE L			EMETERY 8-8 EAST MORTH & ROSE 22. NAME AND ADDRESS OF FACILITY							A RUSE				
	Chul1	1/4/4	W	,		D 17 T	N C	A D D C	\T T	F H	171	ד.ד כ	NORTH AV		
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Arteriosclerotic Cardiovascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
	that initisted events reaulting in death) LAST														
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part  Diabetes Mellitus								Part I.	PERFORMED?			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									1 TES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
	1 X YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)														
	27. MANNER OF DEATH  5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ay, Ybar)		URY M		RK? 'ES 2	NO		SCRIBE HOW II					
	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At I atc. (Specify)	home, tarm, s	street, facto	ery, office			281. LOC	CATION (Street a or Town, State)	ind Number	r or Rural f	Route Number,		
		BICIAN: To the best of ER: On the besis of a											i) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIE	2	1					ENSE NUM							
	Went (	Bolle	AN		0.111		0.	C.M	.E.		AUGUST 03,1994				
	Mario F. Golle	Jr. M.	p. 111	Pen		re	et,	Bal	tim	ore, l	Mary	lan	d 21201		
	AUG 04. 1994	FILE CONT	BEETERNAME.	della											

TO BE COMPLETE	TO BE COMPLETED BY MISICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is my Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after eath with "e State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
he funeral director, page 5 should be detached for use	TO THE FUNERAL DIRECTOR: A province has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
ir death. Page 6 may be retained by the hospital or att.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mour after death. Page 6 may be retained by the hospital or att
DALLINGHE, MAIN LAND ALE	Constitution of the Consti

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last)	Esther	Epstei	n.		2. DATE OF DEATH JULY 30	199	3. TIME OF DEATH 11:25 am			
	4. SOCIAL SECURITY NUMBER 578-20-7511	1 🗌 M 2 💢 F	(In yrs. lest birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Veer) May 23,	1923 M	errhplace (State or Foreign ountry) aryland			
E CH	9a. FACILITY NAME (If not institution, give a 11509 Bucknell			Wheato	PRIOCATION OF DE	EATH	9c. COUNTY C	county of DEATH Montgomery			
DIRECT	nesidence of decedent 10a. state 10b. count Maryland Mont	gomery	1550	town or Local	TION			10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 11509 Bucknell		1		20902			1 □ YES 2 N NO EN OF WHAT COUNTRY? ted States			
BY FUNEHAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2/1/10	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No.— 14. F	Black, White, etc.  Specify: White			
LEI ED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		ork done during mo retired.)	st of working	16b. KIND OF BU		RY			
COMPL	17. FATHER'S NAME (First, Middle, Lest) Samuel Steinber	-1-	Sec	retary	16. MOTHER'S NA	Med ME (First, Middle, Maiden Friedel	lical Surname)				
IO BE	190. INFORMANT'S NAME (Typo/Print) Milton Epstein	. 9			and Number or Rurel	Aoute Number, City or Tow					
	20a METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		b. PLACE AND DATE cemetary, crematory udean M	lemoria	1 Gdn.	7/31 01	ney, I	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIE	William	AL HOMES inia 22046								
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algorificant condition	ns contributing to death t	out not resulting li	n the underlyin	g cause given in	PERFO	I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2XXNO  24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION DIOF DEATH?  1 YES 2				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	heck only one)	16)								
	1  YES 2 NO  27. MANNER OF DEATH  \$\sum_{\text{Naturel}} \text{ 5 } \sum_{\text{Pending}} \text{Pending}	28s. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 28b. TIME	6 Other (Specify) 28d. DESCRIBE HOW	(h)) HOW INJURY OCCURED						
	Accident Investigation  Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, s		YES 2 NO	281. LOCATION (Street City or Town, State	ural Route Number,				
COMPLEIE		SICIAN: To the best of my know ER: On the basis of examination						use(a) and manner as stated.			
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	· Grain	FATH OTEM 27//3ma	1 /	29c. LICENSE NU	88	▶ 7-	30-97			
	31. DATE FLED (400° 41994	A PRISHABLE	W No.	Bit van	SIVA	HERKMAN	209	(0			
	AUG U 4 1994										

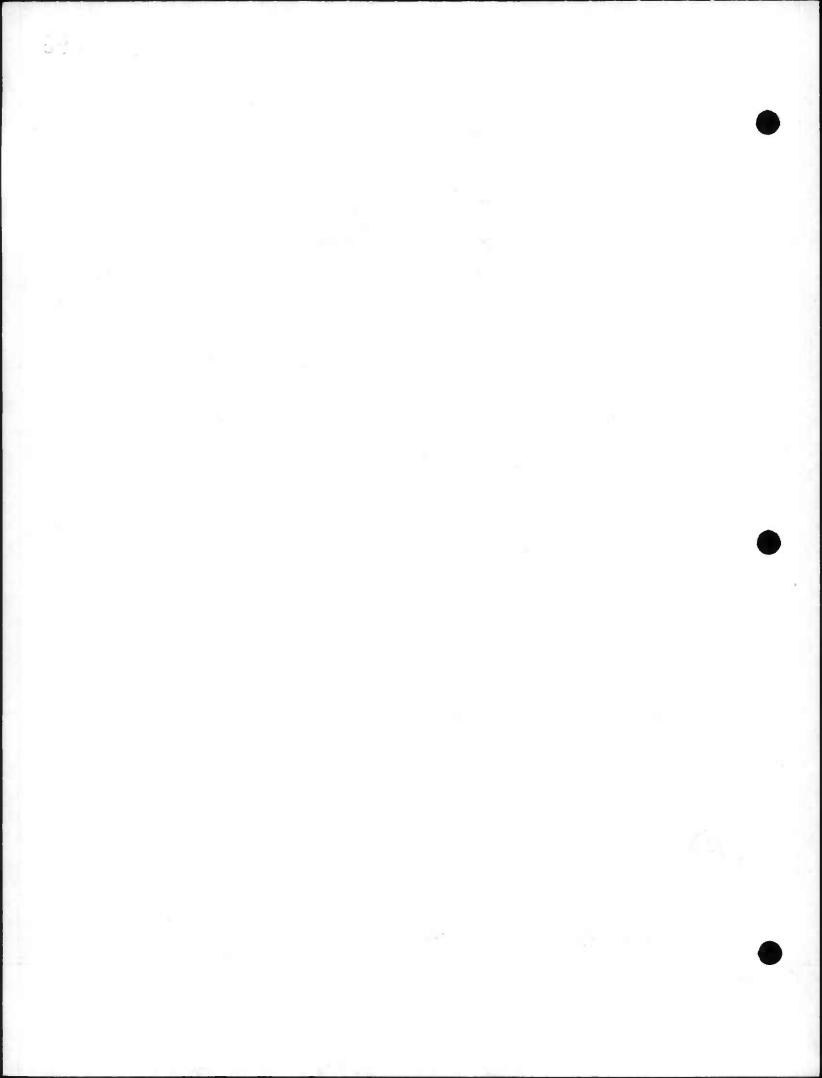
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	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.  6010 REISTERTOWN RD. BALTO., MD  23. PART I. Enter the discesse, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest,														
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		HERBERT  4. SOCIAL SECURITY NUMBER			EDWARI		AUG		12	94 5	:40 PM		
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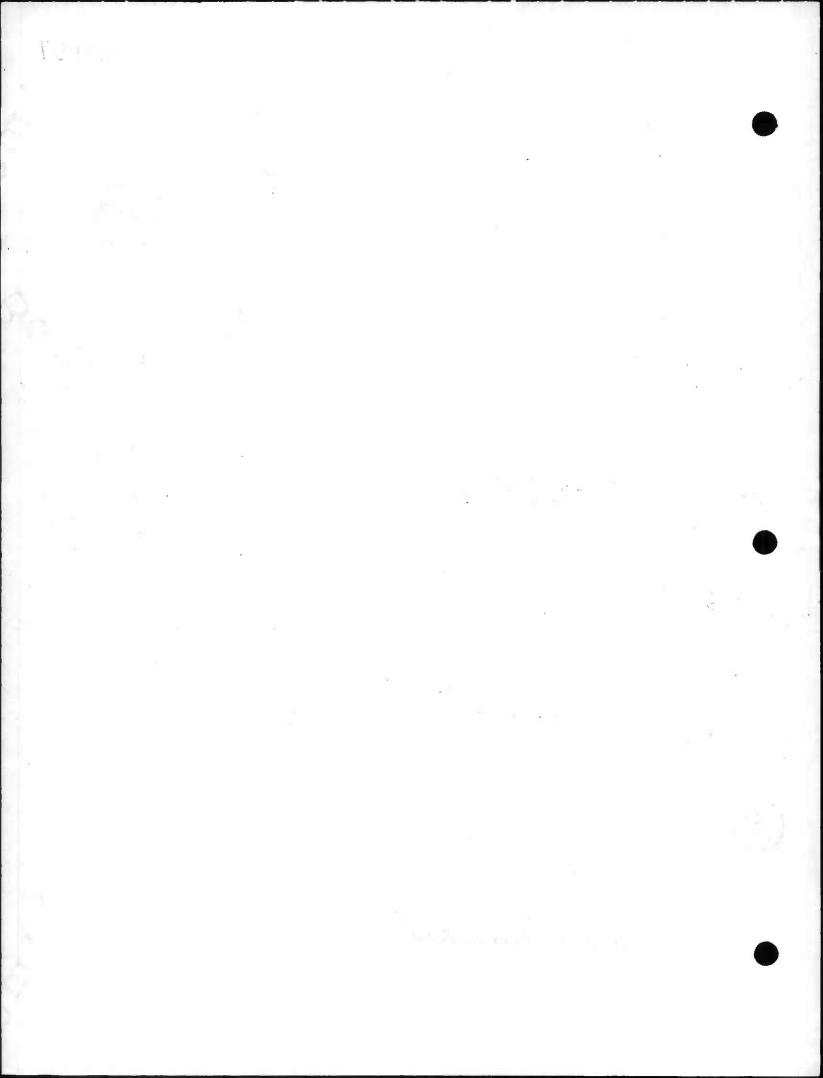


BALTIMORE, MARYLAND 21215-0020

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	GOTTINED	2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, La	nst)	6		-0				REG.	1		3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER 213-30-6590	5. SEX 1 [2] M 2 □ F	6. AGE (II	n yrs. lest birthdey) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year 5-5-19(	30	Countr	IPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, gi		03	1110.	9h CITY	TOWN	R I OCATI	ON OF DEA			UNTY OF D	ÖLAND
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TO BE	19a. INFORMANT'S NAME (Type/Print)		00111		ADDRESS	(Street ar			ute Number, City or			
F	MRS. HELEN GOTT	LIEB		6931	BROO	OKMI!	LL R	D, BA	LTIMORE	, MD	2121	5
	20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  R	amoval from Stata	ceme	PLACE AND DATE etery, crematory or o	ther place)		me of	0 0		LOCATION -		
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	> latte	M Go	44	7	5	SOL 1	LEVI	NSON	& BROS,			03.03.
-	23. PART I. Enter the diseases,	or complications tha	it caused	the death, Do								, MD 2121
				anh than		the mot	ac or ay	ing, such	as cardiac or re	apiratory a	rreat,	Approximate
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SICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition o	e. A DUE TO b. DUE TO c. DUE TO d	OR AS A OR AS A OR AS A OR AS A	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O	DEAT	H YI	ES	NO EATH (Chec	RTI I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED? S 2 ANO	246	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
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ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition o	e. DUE TO b. DUE TO c. DUE TO d	OR AS A death but ER/Output	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  LA TIN  At home, term.	DEAT  OTHER  OTHER  JURY  M	H YI  26. PL  3: sing Nome 28c. WJU 1   Y	ES	NO EATH (Checatelence 6	RTI I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED? S 2 ANO	24b	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition o	e. DUE TO b. DUE TO c. DUE TO d	OR AS A OGRAS	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  AT NOT resulting  AT NOT re	DEAT  OTHER 4   Nun te OF JURY M  street, tack	H YI  26. PL.  3: sling Norm  28c. INJI  1	ES	NO EATH (Chec	RTI I. 24a. WAS PER 1 YES NOTICE OF TOWN, STORY OF	AN AUTOPSY FORMED? S 2 ANO	24b.	WERE AUTOPSY FINDER AWARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH  1 YES 2 ANO
ED BY PHYSICIAN: MEDICAL CERTIFI	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition o	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A O (OR AS A O	CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  CONSEQUENCE O  LA TIME STATE OF THE ST	DEAT  OTHER  OTH	H YI  26. PL.  3: sling Norm  28c. INJI  1	ES ACE OF D  ACE OF D  S   Re  URY AT  RES 2    and place eath occur	NO EATH (Chec	Art I. 24a. WAS PER 1 YES  Nonly one) Other (Specify) 28d. DESCRIBE NO City or Town, S othe cause(s) and me, data and place	AN AUTOPSY FORMED? S 2 NO W INJURY OC manner as att	24b.	WERE AUTOPSY FINDIN AWARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH!

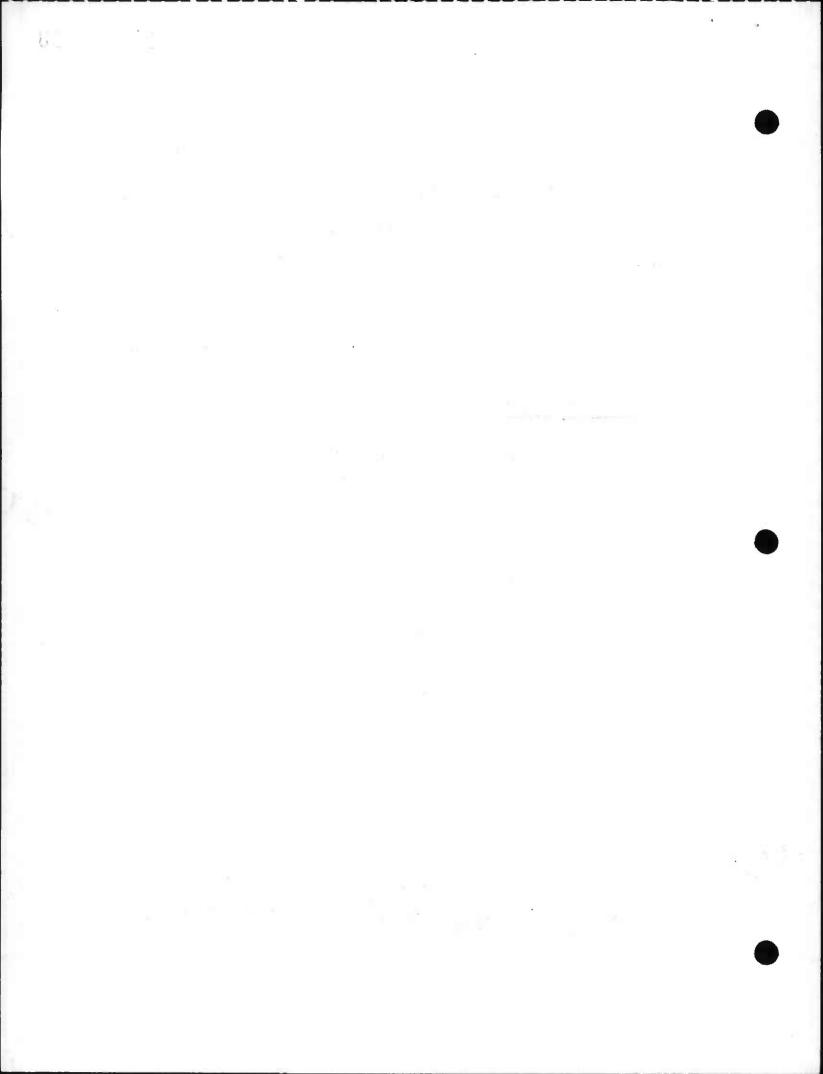


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

A GRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIENI REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Last)     MARTIN		LDFEIN	·· _ ·		2. DATE OF DEATH MONTH DA 8/2/1994	Y YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-56-3145	1 🔀 M 2 🗆 F	in yrs. last birthday)  7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/25/195	6.	BIRTHPLACE (State or Foreign Country)	
TOR	99. FACILITY NAME (If not institution, give 7240 PARK HEIGHT	· ·	104	22	TIMORE	EATH	9c. COUNTY BAL	OF DEATH TIMORE	
DIRECTOR	10e. STATE 10b. COUNT	TIMORE		Y, TOWN OR LOCA LTIMORE	TION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	100. STREET AND NUMBER 7240 PARK HEIGH	IS AVE., APT.	104	10	1. ZIP CODE 21208		10g. CITIZEN USA	OF WHAT COUNTRY?	
B≼	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No — 14.	RACE — American Indien, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondery (0-12)	UCATION le completed) College (1-4 or 5+)	160. DECEDENT'S (Give kind of life. Do NOT un SELF EM		ON sst of working	BUSINES			
BE CON	17. FATHER'S NAME (First, Middle, Last) ROBERT GOLI	DFEIN			18. MOTHER'S NA SHIR	ME (First, Middle, Maiden :	Sumame) OBSTL	ER	
TO B	190. INFORMANT'S NAME Michel MRS. ESTHER MARC					Route Number, City or Town			
	ea. METHOO OF DISPOSITION  14 Burlal 2 //Cremetion 3 Ren  4 Donetion 6 Other (Specify)	noval from State cam	PLACE AND DATE etery, cramatory or o	EL 8/3	3/1994	BAL	CATION — CITY TIMORE	or Town, State	
į	21. SIGNATURE OF FUNERAL SERVICE LI	tillman		SOL I	REISTERS	& BROS, IN	ALTIMO	RE, MD 21215	
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heary failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a.  DUE TO (OR AS A  DUE TO (OR AS A	onsequence o	ynder	lde of dying, auc	h as cardiac or reapi	ratory arrest,	Approximata Interval Batween Onset and Death	
AL	PART II. Other aignificant condition	na contributing to death be	ut not reauiting	in the underlyin	g cause given in	Part I. 24e. WAS AN PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	DID TOBACCO USE CONT		F DEATH YE		UNCERTAIL	N D		1 TES 2 NO	
YSIC	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER: 4 □ Nursing Hore	e 5 Reeldence	8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	(Month, Day, Year)	20h TIM	BE OF PAG. IN.	28d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide a Could not be determined	264 PLACE OF INJURY building atc. (Spec	— At home, ferm,	atrest, fectory, offic	•	281-LOCATION (Street end Number or Rural Route Number, City on Town, State)			
COMPLETED	onel	BICIAN: To the best of my knowl					A	ouse(e) end menner ee stated.	
H	29b. SIGNATURE AND TITLE OF CERTIFIE	in A	XIIIW	(1,	29c. LICENSE NUI	MER	29d. DATE SI	INEO (Month, Day (Year)	
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF OE	ATH (ITEM 97) (Type	Print)	n. Mic	hael L	Le	even	
	31. DATE AUG" 04 1994	States and Marchage	mberdall						



negative extension and an area		Items 9c,10b 8-4-94 FilmG714 W.h.Per		94 22899
MENDE	DE	Y GAURT ORDER AMEND 17,18,PER T - REGISTRAR CE	COURT ORDER G982 12 DEPARTMENT OF HEALTH AND ERTIFICATE OF DEATH	2-1-16 SM MENTAL HYGIENE REG. NO.
1, 2, 3 should	DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)  ES OCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last  DI - 5 7 G L (	YRS. MONTHS DAYS HOURS MIN.  96. CITY, TOWN OR LOCATION OF DI  OFFE BALLIC OTTE,	MD Haltimore
ermit. Pages	AL DIRE	10e. STREET AND NUMBER	Age Timore  10f. ZIP CODE	10d. INSIDE CITY LIMITS?  1
IMORE, MARYLAND 21215-0020 Page 6 may be retained by the hospital or attending physician.  Il director, page 5 should be detached for use as the burial-transit permit. Pages 1, ner must be notifiled at once.	BY FUNER	11. MARITAL STATUS  1  Never Married  2  Married  3  Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM PORCES? 1 YES 2 NO. IF YES, GIVE WAR OR DATES	APT. 4-K 2 2 2 NO Specific	
ND 2121; hospital or atter ached for use a	COMPLETED	(Specify only highest grade completed) (Giv Elementary/Secondary (0-12) College (1-4 or 5+)	CEDENT'S USUAL OCCUPATION  The kind of work done during most of working  DO NOT use retired.)  TYSICIAN	16b. KIND OF BUSINESS/INDUSTRY  Medicine
RYLAN ed by the hor uld be detach	111	17. FATHER'S NAME (First, Middle, Last) AGBAEI-KALIMI GOLFEIZ GOLFEIZ	z Rach	
E, MAR y be retained page 5 should be notified	5	Mrs. Behjat Golfeiz 68	. MAILING ADDRESS (Street and Number or Rural  807 Park Hieghts Ave  NDDATE OF DISPOSITION (Name of	
BALTIMORE, after death. Page 6 may be by the funeral director, page amoval.		t Burial 2 Cremation 3 A Ramoval from State cemetery, crem	natory or other place) 22. NAME AND ADDRESS OF FA	Jerusal <sub>em</sub> , Israel
BALTIN nours after death, Pag d in by the funeral di or removal. medical examiner		23 BADT ( Estado diseases of compilation that the	6010 Reisters	vinson & Bros. stown Rd, Baltimore, MD 21215
hours tely filled in mation, or re		23. PART i Enter the diseases, or complicatione that caused the dease on each ine.  iMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  DUE TO (OR AS A CONSEO)		Approximate Intervel Between Onset end Death
OF VITAL RECORDS, P.O. BOX 6E PHYSICIAN: The law requires that the death certificate be executitis certificate has been signed by the attending physician and with the State Dept. of Health and Mental Hygene prior to burked, or item 23 shows any injury, or other traumatif	ERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	structive Aulu Cardiomyora	thy Lmonte
	EDICAL C	PART II. Other significant conditions contributing to death but not re	suiting in the underlying cause given in	PERFORMED?  1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
	SICIAN: M	DID TOBACCO USE CONTRIBUTE TO CAUS 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SE OF DEATH YES NO	
		1 VES 2 NO 1 Inpatiant 2 ER/Outpetlant 3  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation	DOA 4 Nursing Home 5 Realdanca  28b. TIME OF NURY AT WORK?  M 1 YES 2 NO	8 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED
ATTENDI ATTENDI ECTOR: A s after d	TED	3 Suicide 8 Could not be 4 Homicide detarmined	ne, farm, street, fectory, office	28t. LOCATION (Street and Number or Rural Routa Number, City or Town, State)
DI OSPITAL OR JNERALOIR	John C	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deal one)  2 MEDICAL EXAMINER: On the basis of examination and/or in		to the cause(a) and menner ea stated.  If the, data and place, and due to the cause(a) and manner as stated.
Do THE H	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	29c. LICENSE NUI	MBER 29d. DATE SIGNED (Month, Day, Year)  ▶ 7 3 ( GU
		31. DATE FILED (MONTH), DOT, TOOL  31. DATE FILED (MONTH), DOT, TOOL  32. REGISTRAR'S SENATURE  34. A STANDARD SENATURE	HOTAITAL Ba	et, modiais
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH **JOSEPH** AUGUST 1994 DEAN HARMON 1:10 PM 4. SOCIAL SECURITY NUMBER 5. SFX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 0173071963 DAYS 215 92 3141 1 X M 2 F HOURS 30 YRS. Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH THE JOHNS HOPKINS HOSPTIAL DIRECTOR BALITMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore County Middle River 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7307 Chesapeake Road use as the burial-transit 21220 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify: White 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
'Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp detached for College (1-4 or 5+) 11 Repairman Pool Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bobbie Scott Harmon Reberta Zubrinitz notified at BE page 5 should 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Bobbie S. Harmon 7307 Chesapeake Road Middle River, Maryland 21220 pe 20a. METHOD OF DISPOSITION
1 IX®Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must funeral director, HOTTY HITTHEM. Gardens 8/4/94 Baltimore County, Md. 4 Donation 5 Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE BRUZDZINSKI FUNERAL HOME P.A. 1407 Eastern Ave. Baltimore, Maryland 21221 and completely filled in by the medicai 23. PART/I. Enter the diseases, or combinations that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line Interval Between cremation, or Onset and Death IMMEDIATE CAUSE (Final the disease or condition TS Sem nated CMV
DUE TO (OR AS A CONSEQUENCE OF): 8 months resulting in death) traumatic event, AIDS Hygiene prior to burial, CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician Health and Mental Hydiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 20 PART ii, Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. MEDICAL 24b. WERE AUTOPSY FINDINGS Microspondiosis, AVAILABLE PRIOR TO Cholangiopathy. shows any COMPLETION OF CAUSE 1 | YES 2 | 10 OF DEATH? Anemia 1 TYES 2 NO 5 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate HOSPITAL: OTHER 1 YES 2 MO 1 | Inpetient 2- ER/Outpetient 3 | DOA me 5 🗆 Resid 6 Other (Specify) 0 the 27. MANNER OF DEATH 28b. TIME OF 28s. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. this c 1 Natural 1 YES 2 NO BY DIRECTOR: After death 2 Accident 26s. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be after 4 Homicide 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO be filed within 72 hours at IMPORTANT. If item 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 8-2-94. 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JOHNS HOPKINS HOSPITAL 600 N. WOLFE ST BALTIMORE, Md. 21287 Carnegie 2 32. REGISTRAR'S SIGNATURE

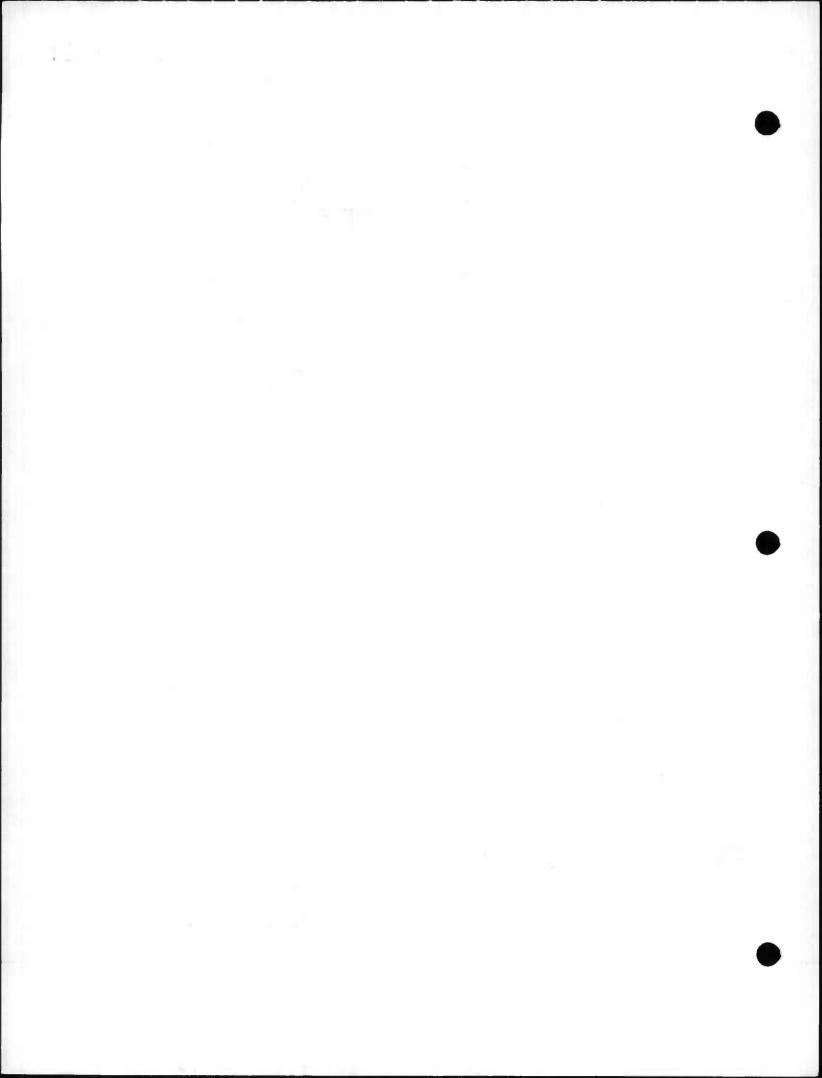
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i 6 may be retained by the hospital or attending physician. ector, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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LEMDING PRITSICIAN: 138 IAW INCIDES INSI THE DESIGN COLUMNICAE DE EXECUTEU WILLING ZA HOUS STIEF GESTIN, FAGE O TRA	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	ffa

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle,	ast)						E OF OEATN			3. TIME OF DEATH
FRANCIS	ELIZA	BETH		HARRIS	5	MON1	LY 31		94	8:08 A
4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
212-34-8093	1 M 2 KX	73	3 YRS.	MONTHS DAYS	HOURS MIN.	FEE	3.26, 1	921	MAR	YLAND
Se. FACILITY NAME (If not institution,	give street and number)			96. CITY, TOWN	OR LOCATION OF	DEATN			NTY OF D	DEATN
1309 EAST NO		IUE		BALT	IMORE			n	/a	
MARYLAND 106. CC	n/a		18c. CIT	Y, TOWN OR LOC BALT	ATION IMORE					10d. INSIDE CITY LIMITS? 1XXYES 2 \( \text{NO} \) NO
100. STREET AND NUMBER 1309 E.	NORTH AVE	NUE		1	of. ZIP CODE 21202			10g. CIT		STATES
11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V	YES 2	S (X) NO	If yes, I	CENDENT OF NISPA specify Cuben, Maxko S 2 XXO Speci	an, Puerto		or No-		E — American Indian, k, White, etc.
15. DECEOENT'S (Specify only highest Elementary/Secondary (0-12)			(Give kind of a		TIÓN nost of working	16	b. KIND OF BU		DUSTRY	
,	_		HOU	SEWIFE			n/a	1.		
17. FATHER'S NAME (First, Middle, Les n/a	1)		_		16. MOTHER'S N		Middle, Meiden ZERS	Surname)		
19a. INFORMANT'S NAME (Type/Print)					and Number or Rura	Route Nun	nber, City or Tow	n, State, Zip	Code)	
GAIL THOMAS 6212 GREENMEADOW PARKWAY, BALTIMORE										
29a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3  4 Donation 6 Other (Specify)	Removal from State		20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  GARRISON FOREST VA CEMETER:					DATE   20c. LOCATION — City or Town, State OWINGS MILLS, MD		
4 Donation 6 D Other (Specify)		AKK LOUN			TERT	I OV	ATMOD	LILL	עניו וכולו	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	4 4			AND ADDRESS OF F					
· Karen	m	Kog	er	22. NAME	AND ADDRESS OF F	FH	-1101			
23. PART I. Enter the diseases, ahock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications the ure. List only one can be used to	t ceused the use on esch	e desth. Do r line.	22. NAME WM.  The property of the property of	AND ADDRESS OF F	FH	-1101	ratory an	rest,	Approximate Interval Between
23. PART I. Enter the diseases, ahock, or heart fall IMMEDIATE CAUSE (Finel disease or condition	or complications the ure. List only one can be used to	t ceused thuse on esch tensilon as a co	e desth. Do r	22. NAME WM. not enter the return the return to the return	AND ADDRESS OF F	FH	-1101	ratory an	rest,	Approximate Interval Between
23. PART I. Enter the diseases, ahock, or heart fall immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	or complications the ure. List only one can be used to	t ceused the use on eschiller Sill (OR AS A CO	e desth. Do r i line.  ONSEQUENCE OF	22. NAME WM.  not enter the rr  HEROS (	AND ADDRESS OF F C. MARCH mode of dying, au	FH	-1101  Idlec or reapi  Clises  24e. WAS AN PERFOR	AUTOPSY IMED?	war	Approximate Interval Between Onset and Desti
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FOR

requirements	THE HOSPITAL OF ATTENDING PASSIGN. The law requires that the death certificate be executed within 2000 and the FURFALL DIRECTOR. ACCORDED TO THE HOSPITAL DIRECTOR. ACCORDED TO THE FURFALL DIRECTOR. Accorded to the control of the function
	OR ATTENDING PARSICIAN: The law DIRECTOR: After this certificate Trashours after death with the State Deptember 1981 is marked, or flow as

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIEI				
:	t. DECEDENT'S NAME (First, Miodie, Last) JOHN	THOMAS	HARV	EY		2. DATE OF OEATH MONTH  July 29	,1994	EAR 3.	TIME OF DEATH 6:45AM	
	4. SOCIAL SECURITY NUMBER 337-07-9926	1 □XM 2 □ F 8	E (In yrs. lest birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 20, 19	10	BIRTHPLA Country) I111i	NCE (State or Foreign	
TOR R	9a. FACILITY NAME (If not institution, give at CARRIAGE HILL—BET			96. CITY, TOWN BETHE	OR LOCATION DF D SDA	EATH	9c. COUNTY			
DIRECTOR	100. STATE 10b. COUNTY VIRGINIA FAIRF		10c. CIT	Y, TOWN OR LOCA	ATION				d. INSIDE CITY LIMITS?  YES 2/1/2 NO	
FUNERAL	10e. STREET AND NUMBER 6800 FLEETWOOD RO		PIOLI	-10	01. ZIP CODE		U.S.	OF WHA	T COUNTRY?	
B	11. MARITAL STATUS t Never Merried XXX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 VNO	13. WAS CE	CENOENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)			American Indian, hite, etc. WHITE	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Ille. Do NOT us	work done during man retired.)	ost of working		USINESS/INDUS			
	17. FATHER'S NAME (First, Middle, Last) THOMAS MONROE HAR	VEY	CERTIFIE	D PORLI	18. MOTHER'S NA	TANT-O'BRI AME (First, Middle, Meide O'LEARY		NT CO	ORP.	
TO BE	190. INFORMANT'S NAME (Type/Print)  MARGARET C. HARVE					Route Number, City or To			2101	
	20a. METHOD OF DISPOSITION  1	oval from State	20b. PLACE AND DAT of cemetary, crematory METROPOL	or other place) ITAN CR	EMATORY	7-29 AI	EXANDR			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Museus		MONEY 171 W	. MAPLE	FUNERAL HO	IENNA.	VA.	22180	
	23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Approximate interval Between Onset and Death  4 DAYS									
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  YMPHOMA  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury  C.									
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEGUENCE O	F):		41.5				
BY PHYSICIAN MEDICAL C	PART ii. Other significant condition	s contributing to death	but not resulting	in the underlyi	ng cause given in		N AUTOPSY ORMED? 2 NO	AM CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, I	PLACE OF OEATH (C					
PHYS	t VES 2 NO  27. MANNER OF OEATH  1 Netural 8 Pending	1 Inpatient 2 ER/O 28s. DATE OF INJUR (Month, Day, Yes	Y 28b, TIA	4 Nursing Home 5 Residence 8 Other (Specify)  E OF 28c, INJURY AT 28d, OESCRIBE HOTH			W INJURY OCCUREO			
	2 Accident Investigation 3 Suicide a Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, etc. (S		M 1 YES 2 NO  281. LOCATION (3 City or Rown,			(Street and Number or Rural Route Number, s, State)			
COMPLETED	onel	CIAN: To the best of my kn							nd manner as stated,	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	yoo M	D		DL6	JMBER 5	29d. DATE S	129	orst, Day, Year)	
	WALTER Y.K	O COMPLETED CAUSE OF	1.0. 2	NY K	STREE	T, N-W,	WASH	1., D	C_20037	
	31. DATE FILED (MORRY, Day, Year) AUG 0 41994	RAREGISTRARY OF	GNATURE							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HARPER

1 M 2 X F

6. AGE (In yrs. last birthday)

YRS.

55

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

234-58-5708

9a. FACILITY NAME (If not institution, give street and number)

1 -

Erma

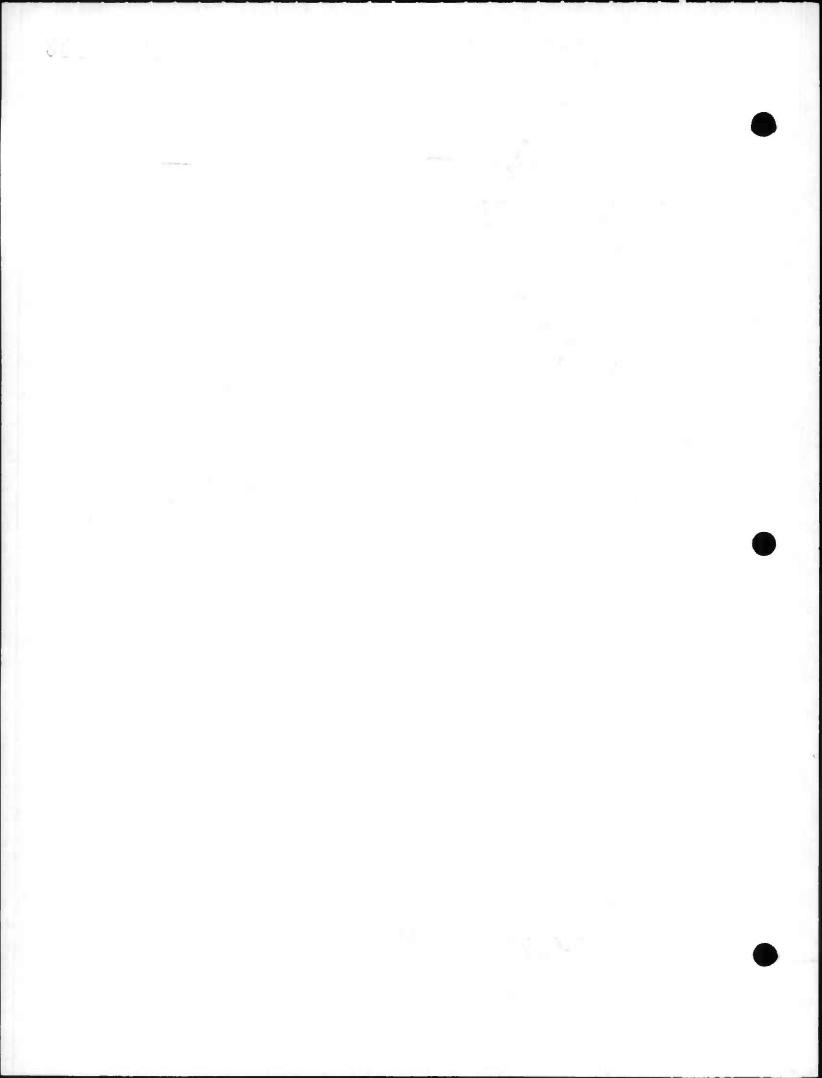
Pages 1, 2, 3 should DIRECTOR Franklin Square Hospita1 RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Va. Grant Arthur permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE HC 84 Box 41A funeral director, page 5 should be detached for use as the burial-transit 26816 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 N Married If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 1 YES 2 X NO Specify: ΒY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 8 Housewife 17. FATHER'S NAME (First, Middle, Last) Roy Lewis K BE notitied 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Junior Harper HC 84 Box 41A Раде 6 тау be 9 20s. METHOD OF DISPOSITION

1 N Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of must Fork Memorial North 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. ol n and completely filled in by the to bunal, cremation, or removal. ours after medical 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallura. List only one cause on each IMMEDIATE CAUSE (Final the disease or condition resulting in death) Metastatic cancer event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): Adenocarcinomatosis of abdmonial cavity traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING death certificate be signed by the attending physician Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. that the o MEDICAL shows any t. of h has b. Dept. PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OR ATTENDING PHYSICIAN: The I FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State Di 26. PLACE OF DEATH (Check only one) HOSPITAL:
1X Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 X NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked Natural 5 Pending Investigation 1 TYES 2 NO BY 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 3 Suicide 60 8 Could not be COMPLETED 500 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/ TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE N/A 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Dr. Baltimore, Maryland 21237 Anthony Joseph 31. DATE FILED (Month, Day, Year) The district hardell

AUG 04 1994

94 22903

CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH August 3,1994 11:10 P 7. DATE OF BIRTH (Month, Day, Year) 1937 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. -28 - 19W. Vi rginia 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Lula Wilson Arthur, W. Va. 26816 DATE 20c LOCATION - City or Town State 8/8 Riverton, W. Va. Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. 21222 Approximata Interval Between Onset and Death 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO 1 YES 2 NO 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) restigation, in my opinion, death occured at the time, date end place, and due to the cause(a) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 8 9



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	1	1. DECEDENT'S NAME (First, Middle, Last)	5	JUL	IAN			2. DATE O	F DEATH D	33 9	EAR,	TIME OF DEATH  495A M
2	1	4. SOCIAL SECURITY NUMBER 282-24-3004	1 <b>30</b> M 2 □ F	(In yrs. lest birth		YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH Day, Year) 07/0		Country)	iana
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s  The Keswick Ho  RESIDENCE OF DECEDENT	_				timore			9c. COUNTY	OF DEAT	Н
permit. Pages 1,	DIRECTOR	Maryland 10b. COUNT	Y	100	c, CITY, TOWN OR	LOCATI	Balt	imor	е		1	d. INSIDE CITY LIMITS?
	RAL	106. STREET AND NUMBER 116 Ridgewood	Poad			101.	ZIP CODE 212			10g. CITIZEN		T COUNTRY?
21215-0020 al or attending physician. for use as the burlat-transit	BY FUNER	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	H y	yes, spe	ENDENT OF HISPAN city Cuben, Mexican 2 NO Specify	IC ORIGIN?		or No 14.	Black, W Specify:	American Indian, fille, etc.
21215-0 al or attending for use as the	ED	15. DECEDENT'S EDU (Specify only highest grade		(Give kin	ENT'S USUAL OCC nd of work done du	UPATIO	N It of working	16b, H	IND OF BU	SINESS/INDUS		White
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma. Do N	Teac				Pu	blic	Sch	001
Z 28 #	BE CO		ian					Mary	Idle, Malden St	Sumame) utsma	ın	
	5	Roberta N. Jul	ian				nd Number or Flural Flood Road			n, State, Zip Co		21210
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 【▼Cremation 3 ☐ Rem	oval from State 20t	b. PLACE AND D	ATE OF DISPOSITI	ION (Nan	ne of	DATE	20c. LO	CATION — City	y or Town,	State
ALTIMO death. Page ( funeral direc		4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNDAL SERVICE LIC	CENSES MA	etro (	22. N/	AME ANI	Inc.	YLITY		ltimo		
W 7 8 4 9		George E.	M	Cremation Society of Md., Inc. 299 Frederick Road Balto., M								
24 hours of filled in b tion, or rer the medi		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Orderuss	ech line.	tic ca							Approximate Interval Between Onset and Desth
IOX 68 te be execute sician and co prior to buria traumatte	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A									
P.O. th certiff ending a li Hygien or oth	ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENC	CE OF):				-			
KECOKIDS, IN v requires that the death been signed by the attern. of Health and Mental I shows any Injury, or	MEDICAL	PART II. Other significant condition Read Fee	a contributing to death b	out not result	ting in the und	erlyIng	cause given in i		4a. WAS AN PERFOR	IMED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
3 e s e	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PL/	ACE OF DEATH (Che	ck only one)				
NO OF VI NG PHYSICIAN: fler this certific eath with the Si marked, or II	PHY	1 YES 2 NO  27. MANNER UF DEATH  1 Natural 5 Pending	1 Inpetient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)		OA 4 Nursin 2. TIME OF 2: INJURY	8c. INJU WOR	RK?			NJURY OCCUR	IEO	
SIC rendi	red BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined learning street, factory, office building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
5 8 8	COMPLE		CIAN: To the best of my know								suse(s) an	d manner es stated,
TO THE HIGHTAL TO THE FUNERAL De filed within 72 IMPORTANT: IV	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R		*		29c. LICENSE NUM	BER		29d. DATE SI	IGNED (Ma	onth Day Year)
	0	30. NAME AND ADDRESS OF PERSON WH M. BABELLE MA	a Gregorio O COMPUETED CAUSE OF DE LC SREGOR SI	EATH (ITEM 27)	(Type, Print)	000	w 40 Kh	STK	aex	o Vid.	212	11
		AUG 0 41994	32/MERESPANS MOR	etiet,								
												DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

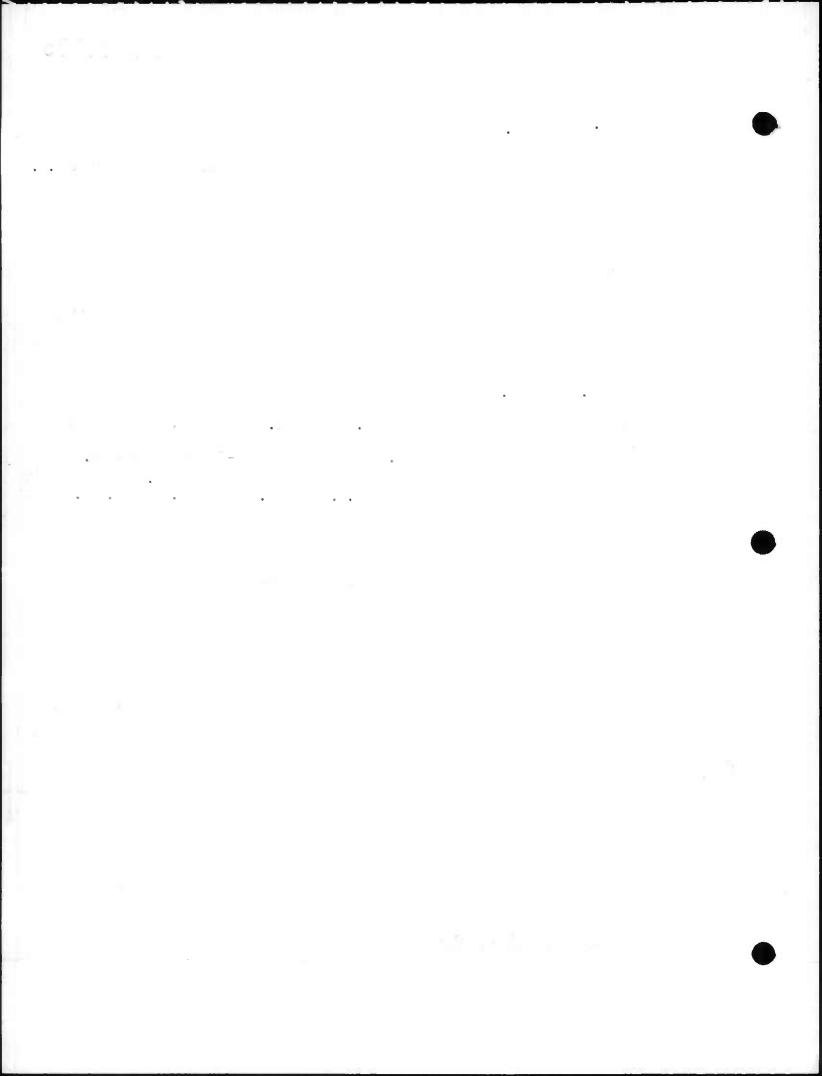
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ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. ked of item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. JAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Any be filed within 72 hours after d

MASICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED B

	1 - STATE REGISTRAR		C	ERTIF			DEATH	INICIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3.									3. TIME OF DEATH			
Jesse R. Jones Jr.											94	M
	4. SOCIAL SECURITY NUMBER	est birthday)	y) IF UNDER 1 YEAR IF UNDER 24 HRS. THE WONTHS DAYS HOURS MIN.					8. BIRTH	IPLACE (State or Foreign			
- [	218-60-8713	1 € M 2 □ F		YRS.	MONTHS	DAYS	HOURS MIN.		0/13/52			iegh, N.C.
.	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	
	1711 W. Mosher	St.			Ва	1tim	ore, MD			Ba1	timoı	ce City
	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
5	MD Balt:	imore Cit	у	Bai	ltim	ore						LIMITS?
	10e. STREET AND NUMBER					10	f. ZIP CODE	_		10g. CIT	IZEN OF W	WHAT COUNTRY?
	1711 W. Mosher	St.					21217			U	.s.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DE	CENDENT OF HISPA	NIC ORIG	GIN? (Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	,		1 X YES	3 2 NO Speci	in, Poen fy:	to ricen, etc.)		Speci	
	15. DECEDENT'S EDUC	CATION	16a D	ECEDENT'S	HIBHAL	CCLIBATI		Ta	6b. KIND OF BUS			DIUCK
	(Specify only highest grade Elementary/Secondary (0-12)		(1	Give kind of a	work done	during me	ost of working	- ['	OD. KIND OF BUS	SIMESS/IN	DUSTHY	
	Little I Country (0-12)	College (1-4 of 5	"									
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First	t, Middle, Maiden	Sumeme)		
	Jessie R. Jone	s Sr.					Ma	ry (	Cunion			
	19e. INFORMANT'S NAME (Type/Print)		19				and Number or Rural					
	Mary Jones			1711	L W.	Mos	her St.	Bal	timore	, mai	rylan	d 21217
İ	20a. METHOD OF DISPOSITION  1 Description   5 Description   3 Description   5	oval from State	20b. PLACE cemetery, cr	AND DATE	OF DISPO	SITION (N	ame of		20c. LO			
	21. SIGNATURE OF FUNERAL SERVICE LIC		7	Mr.			ND ADDRESS OF F	8-3   Baltimore, Md.  ESS OF FACILITY William C. Brown Communit				
ı	41	1-1	2									
	1 Marles 1	1.	rill			.н.	1206 W.					Md. 21217
H	23. PART I. Enter the diseases, or ahock, Dr heart fellure.	List only one ceu	t ceused the d ise on eech lin	leath. Do r le.	not ente	r the mo	ode of dying, suc	ch aa ce	ordiac or reapi	ratory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	D., 1	A A -	ary Aspergillosis								Onset and Death
ļ	reaulting in death)		OR AS A CONSE			SIS	4 mo				4 months	
					*	ienc	y Syndro	mρ				6
	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSE				) bynaro	inc				6 years
	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							
	rosaling in doaling Exci	1,										
	PART ii. Other algnificant condition	contributing to	deeth but not	resulting	In the u	nderiyin	g ceuse given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
									PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	ζX		OF DEATH?  1 ☐ YES ZYZNO
	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF DEA	ATH YE	S 🗆	NO X	UNCERTAI	N 🗆				- AA
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	TH (Check							
	1 TYES 2 XNO	1 Inpatient 2		3 🗆 DOA	4 D Nu	rsing Hom	ne 5XXResidence	8 🗆 Otl	her (Specify)			
	27. MANNER OF DEATH  1) Natural 5 Pending	28a. DATE OF (Month, Di	INJURY by, Ybar)	28b. TIM INJ	URY		PRK?	28d. D	ESCRIBE HOW IN	JURY OC	CURED	
1	2 Accident Investigation	20- BLACE O	C IN HIPV A. L.		М		YES 2 NO					
	3 Suicide 8 Could not be determined	building,	F INJURY At he atc. (Specify)	ome, rerm, s	Street, Tec	tory, offic	•	28f. LC	CATION (Street entry or Town, Stete)	nd Number	r or Rural R	oute Number,
	29e. CERTIFIER AVY				_							
	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the beet of each	my knowledge, di camination end/or	eath occum	ed at the en, in my	time, date opinion, d	end place, end due leath occured at the	to the c	ause(s) end men te end place, and	ner as stat	ted. ne ceuse(s)	end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI					(Month, Day, Year)
	Rabert K	and, Ull	7				D0696				3/2/9	
	30. NAME AND ADDRESS OF PERSON WHO											
	Robert Kent	, M.D.,	101 W.	Read	St.,	Su	ite 211,	Ba1	timore,	MD	212	01
	AUG 0 4 1994	2 32 REGISTRA	R'S SIGNATURE									



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7	B	000
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	TO THE FUNGAL DIRECT R: After this certificate has been signed by the attending physician and comple
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BALLIMORE, MARTLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IAL RECORDS, P.O. BOX 88/80.	The law requires that the death certificate be executed within 24 hours	ate has been signed by the attending physician and completely filled in

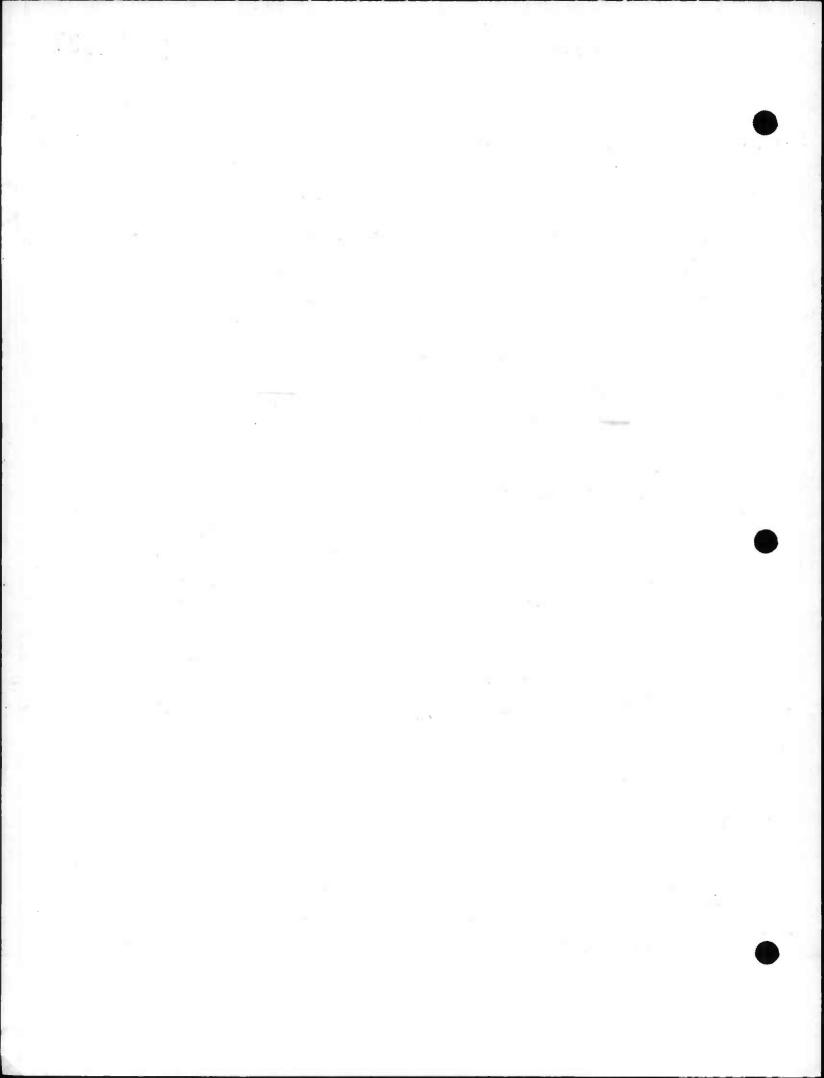
		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	WEAR	3. TIME OF DEATN			
	1	YEFIM		KAPL		JULY 29	1994 <sup>*</sup>	12:04 P. M			
2	- 6	4. SOCIAL SECURITY NUMBER 213-35-8341	1 🗆 🗶 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 2/21/1911	a. BIRTH Count	HPLACE (State or Foreign RUSSIA			
	OR	9a. FACILITY NAME (If not institution, give 3615 FORDS LA.,			BALTIMORE	DEATN	9c. COUNTY OF D	PEATN			
	DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	TY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY			
		MARYLAND  100. STREET AND NUMBER		BALTI	MORE 101. ZIP CODE		10g. CITIZEN OF V	VES 2 NO			
	ERA	3615 FORDS LA.,	APT. 212		21215		USA	WHAT COUNTRY?			
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES NO Speci	en, Puerto Ricen, etc.)	or No.— 14, RACI Blaci Spec	·			
	ED	15. DECEDENT'S EDU		16a. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF BUSH	NESS/INDUSTRY	WHITE			
1.0	COMPLET	(Specify only highest grade	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re TEACHER	done during most of working tired.)	EDUCATIO	N				
at once.	ш	17. FATNER'S NAME (First, Middle, Last) SHLOMO KA	APLAN		16. MOTHER'S N. RACH	AME (First, Middle, Maiden St	urname)				
notified	TO B	19a. INFORMANT'S NAME (Type/Print) ALEXANDER E. KAPLA	N.		ORESS (Street and Number or Rural		State, Zip Code)				
must be		20a. METNOD QE DISPOSITION 1	noval from State cem	. PLACE AND DATE OF D netery, cremetory or other	ISPOSITION (Name of	DATE 20c. LOCA	ATION — City of To				
or removal. medical examiner		21. SIGNATURE OF FUNERAL SERVICE LI		J	SOLAME EVINSON S 6010 REISTERTO	BROS., INC					
or removal medical		23. FARTI/I. Enter the disesses, or ahock, or hear failure.	complications that caused List only one cause on a	the death. Do not	antar tha mode of dying, au	ch as cerdiac or respire	tory srrest,	Approximats Interval Between			
		IMMEDIATE CAUSE (Final disease or condition reaulting in desth)			mach concer	•		Onset and Death			
giene prior to burial, crema other traumatic event,	N	Sequentially let anothing a Liver oners 20 HI.									
prior to	CATIC	if any, isading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury									
fb	ERTIFICATION	that initiated events  resulting in death) LAST  d									
injury,	2	PART II. Other significant condition	ns contributing to death b	ut not resulting in t	ha underlying cause given in	Part I. 24s. WAS AN AL		. WERE AUTOPSY FINDINGS			
of Health and shows any in	EDICA					PERFORM 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
pt. of	AN: M	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	☐ NO ☐ UNCERTAI			1 YES 2 NO			
State Dept.	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATN (							
2 6	HYSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp		Nursing Nome 5 Aesidence	1					
death with the s marked, or	BY P	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		28d. DESCRIBE HOW INJ					
# S	Q.	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree	t, factory, offica	28f. LOCATION (Street and City or Town, State)	1 Number or Rural F	Route Number,			
S I Me II	1016				t the time, data and place, and due n my opinion, death occured at the			i) and menner ee stated.			
be filed with	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	"Dspall-	mn.	29c. LICENSE NU	530-	29d. DATE SIGNED	(Month, Day, Year)			
2 =	입	30. NAME AND ADDRESS OF PERSON WITH	10 COMPLEUED CAUSE OF DE	ATH (ITEM 27) (Type, Prin			e. Poki	me anne			
1.0		31. DATE FILED (Month, Day, Year)	A STREET OF STREET	200	A free of the feet	7,		81208			
L		AUG 0 41994 8	,								

760, BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within rouns after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dest. of Health and Mental Hyplene prior to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CANASION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGHLIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FULERAL MRICION: After this certificate has been signed by the attending physician and completely filled in by the filed with a 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burfal, cremation, or removal.	IMPORTANT PRICE 28 is marked, or Item 23 shows any Injury, or other traumati

	Item18,19a,Film714	,8/4/94,1t						9	4 2	2901
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		EPARTMEN RTIFICAT				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  ELSE  M  4. SOCIAL SECURITY NUMBER	KATZ					2. DATE OF DE	OI -	YEAR 9 4	3. TIME OF DEATH
	194-22-6237 9e. FACILITY NAME (If not institution, give si	1   M 2   F	(In yrs. last bii 93	YRS. MONTHS	DAYS Y, TOWN (	IF UNDER 24 HRS. HOURS MIN.  DR LOCATION OF DE		/1901	Coun	ERMANY
DIRECTOR	NORTHWEST HOSPIT	'AL CENTER			RANI	DALLSTOWN	N		BAL'	TIMORE
		LTIMORE	1	REIS		STOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 708 ST. PAUL AVE	NUE			101	21136		10g.	CITIZEN OF	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13.	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	in, Puerto Rican,		- 14. RAC Blac	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give I	DENT'S USUAL ( kind of work done NOT use retired.)	durina ma	ON ast of working	16b. KIND	OF BUSINESS	S/INDUSTRY	
MPL		1	MAN	AGER -	BAKE			FOOD		
BE CO	17. FATHER'S NAME (First, Middle, Last)  ADOLPH MICHAEL					16. MOTHER'S NA	Reiha	Malden Surnar	ne)	
TO B	19a. INFORMANT'S NAME (Type/Print)				G AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
	MRS. WALTER SALTIMORE, MD 21207  206. METHOD OF DISPOSITION  206. PLACE AND DATE OF DISPOSITION OATE 206. LOCATION — City of To									
	4 Donation 5 Other (Specify) MT STNAT 8-2-94 READING DA									
	21. SIGNATURE OF FUNERAL SERVICE LIG	Seu Seu	ria.	S	OL L	EVINSON  RETSTERS	& BROS,	INC.	,	E, MD 21215
	23. PARTI. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Authorized the mode of dying, such as cardiac or reapiratory arreat, shock, or heert feliure. List only one ceuse on each line.  OUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Between Onset and Death	
TION	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of):									0
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS A	A CONSEQUE	ENCE OF):						
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part II.  PART II. Other significant conditions contributing to death but not resulting in the underlying conditions contributing in th									Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1-2 Inpatient 2 - ER/Outp	patient 3 🗆	DOA 4 Nu	R:	ACE OF DEATH (Ch		cify)		
ву Рн	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		86b. TIME OF INJURY M	1 🗆	YES 2 NO	28d. DEŞCRIBE	HOW INJURY	OCCURED	
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spec	/ — At home, cify)	, farm, street, fac	ctory, offic	•	281. LOCATION City or Town		mber or Rural	Route Number,
COMPLET		CIAN: To the best of my know								(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	P Mehka	, m. i	0		29c. LICENSE NUM	MBER		DATE SIGNE	O (Month, Day, Year)
F 1	30 NAME AND ADDRESS OF DEDGON WILL	0.0000000000000000000000000000000000000								$\overline{}$

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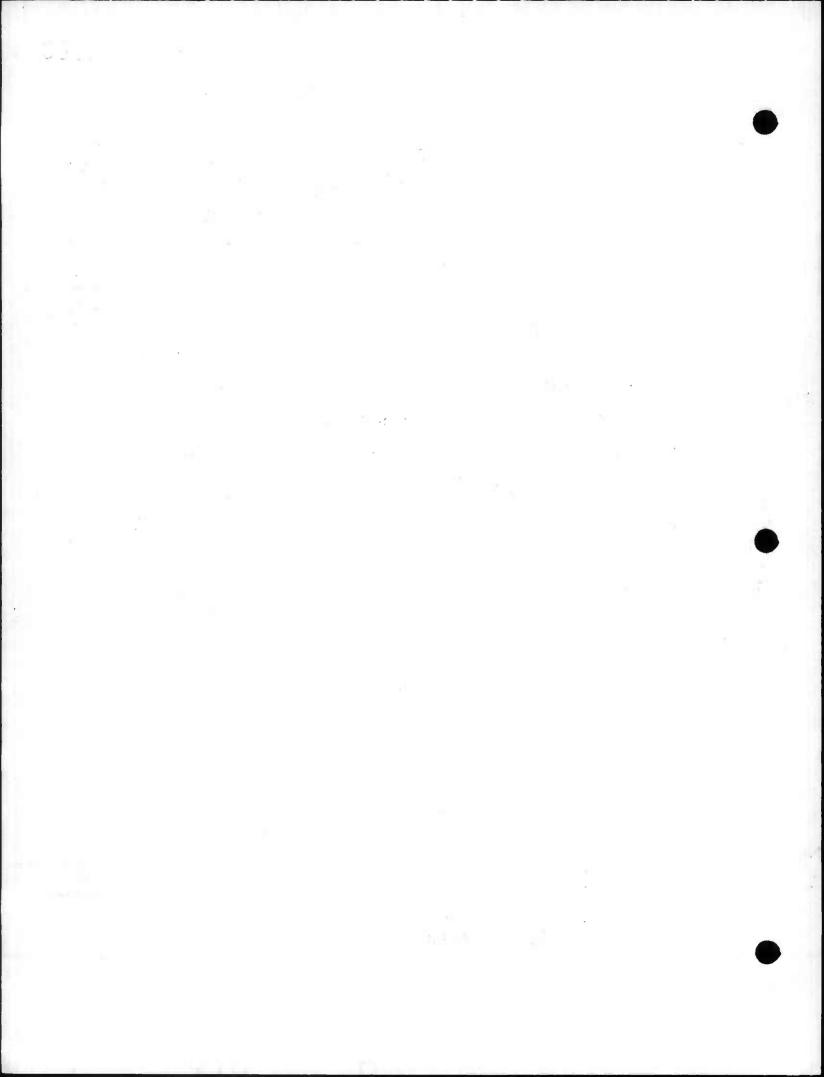
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) JOGINDER MEHTA; 5401 OLD COURT RD; RANDALLSTOWN, MD 31. DATE FILED (Month, Day, Year)
AUG 04 1994



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

_	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. NO	).						
	1. DECEDENT'S NAME (First, Middle, Last)	/				2. DATE OF DEATH MONTH	MY / OYE	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	S. SEX B. AGE					W / 95	1 4					
	216-07-5835	1 M 2 🗆 F	7   YAS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-15-19(	03	BIRTHPLACE (State or Foreign POLAND					
ا ي	9e. FACILITY NAME (If not institution, give s	street and number)			OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH					
뎯	SINAI HOSPITAL BALTIMORE												
DIRECTOR	10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY					
	MD			BALTI	MORE			LIMITS?					
RAL	10e. STREET AND NUMBER		63.6	10	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNE	2500 W. BELVEDER				212	215	USA						
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER II FORCES? 1 YES IF YES, GIYE WAR OR D.	2 X NO	If yes, s		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:		RACE — American Indien, Black, White, atc. Specify: WHITE					
6	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	ISINESS/INDUST	RY					
틸	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use										
COMPL	8		UPH	IOLSTERI	ER	FURN:	TURE						
ဗ	17. FATHER'S NAME (First, Middle, Last) YEHUDA ARI KRAME	'D				ME (First, Middle, Maider							
BE	19a. INFORMANT'S NAME (Type/Print)	1/	gas as	ADDRESS :		BY PETLOU							
2	MRS. GERALDINE C	APLAN				Route Number, City or Tow LTIMORE, N		209					
	20a. METHOD OF DISPOSITION	200	b. PLACE AND DATE OF				CATION — City						
	1 Suriel 2 Cremetion 3 Rem	noval from State CON	metery, cramatory or oth	er place)		1- 1- 1							
	21. BIGNATURE OF OMERAL SERVICE SENGRE  CHIZUK AMUNO—ARLINGTON 8/2/94 BALTIMORE, MD  22. NAME AND ADDRESS OF FACILITY  COLUMN 1. PROC. TAYLO												
	SOL LEVINSON & BROS, INC.												
	6010 REISTERSTOWN RD, BALTIMORE, MD 21215 23. Point i. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
	ahock, or heart failure. List only one cause on each line.												
	iMMEDIATE CAUSE (Final disease or condition	Ventia	culs - A	cuchalo				Onset and I					
	reaulting in deeth)	DUE TO (OR AS A	a consequence of	37-00	1.								
Z	Sequentially list conditions,	· Myoca	ndial:	Intare	ton			2 Da					
Ĕ	if any, leading to immediate	DUE TO OR AS A	A CONSEQUENCE OF	SEQUENCE OF:  y Artery Atheroscleratic Disease 50									
	cause. Enter UNDERLYING CAUSE (Disease Dr Injury	C. DUE TO (OR AS (	A CONSEQUENCE OF	ENY BI	WY 13 CIRY	our Disea		30 /2					
CERTIFICATION	that initieted events resulting in death) LAST		( CONSECUENCE OF)	. /			İ						
		d											
DICAL	PART II. Other aignificant condition	is contributing to deeth b	ng ceuse given in	Part i. 24a. WAS AF PERFO		24b. WERE AUTOPSY FING AMILABLE PRIOR TO							
ă	Noul			1 YES	2 NO	COMPLETION OF CA OF DEATH?							
ME	DID TORACCO USE	CONTRIBUTE TO	CALICE OF	DEATH :	/FC / \\			1 TES 2 NO					
AN	DID TOBACCO USE (	TONIKIBUIE 10	CAUSE OF										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch								
ř	27. MANNER OF DEATH	1) Inpatient 2 ER/Outp	patient 3 DOA 28b. TIME		JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED					
- 1	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	RY W	YES 2 NO								
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	f — At home, ferm, st	reet, factory, offi	ce	28f. LOCATION (Street		Jural Route Number,					
w I	4 Homicide determined	Tananiy, area (Spec				City or Town, State	7						
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	vledge, death occurrer	d at the time, dat	e and place, and due	to the cause(a) and ma	nner se stated.						
<u>₹</u>	onel	ER: On the basis of examination						use(s) and manner as sta					
) II	296. AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIG	GNJED (Month, Day, Year)					
u I	296. STENSATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month												
H N	Wird GT												
BE	11 11 0	Al la la la la la la la la la la la la la											
BE	Alexander G	106 -106 -10	08 W39TI	Print) of St. #:	2 Baltin	nae, MD	2121	0					
TO BE CO	11 0	O COMPLETED CAUSE OF DE	08 W39TI	Print) V St. #:	2 Baltin	nar, MD	21211	0					

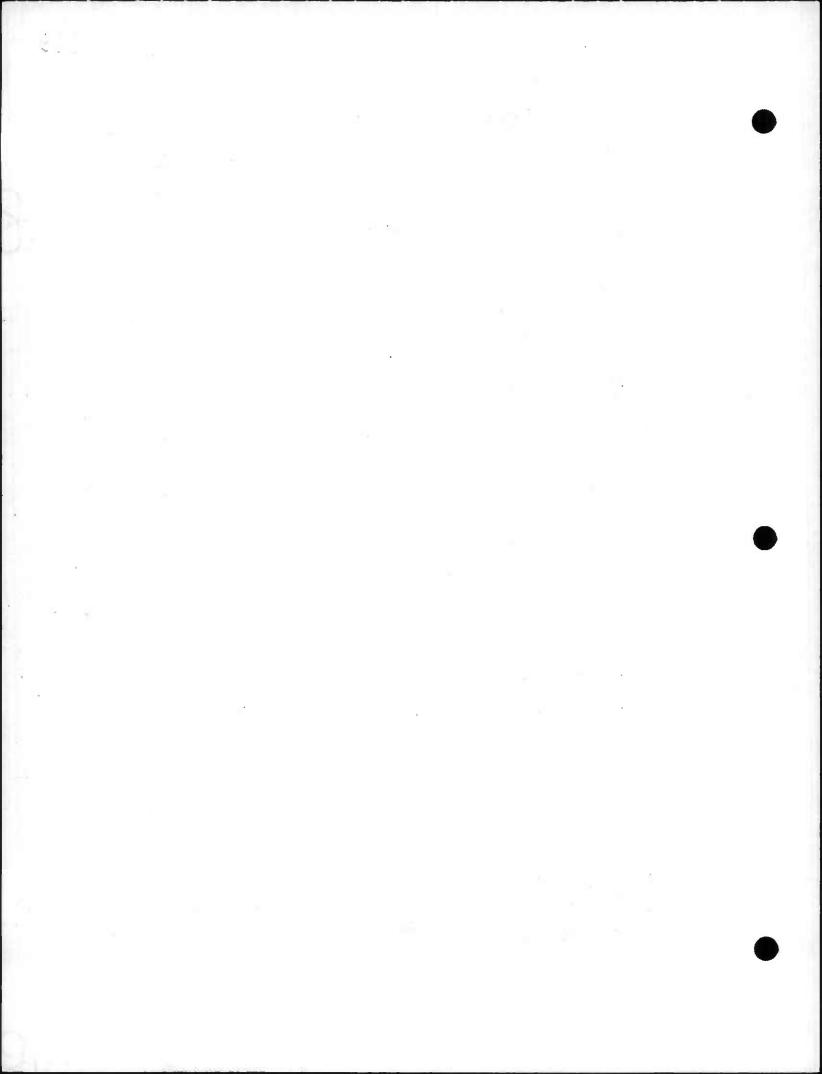


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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Francis LAMBERT <u>Samuel</u> August ,1994 10:00 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 216-38-3898 HOURS 88 YRS. August 6. Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Parkville 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3043 California Avenue 21234 United States retained by the hospital or attending physician, 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married 1 ☐ YES 2 NO Specify: BY 3 Widowed 4 Divorced WW II White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Postmaster United States Postal Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ Francis Y. Lambert Martha G. France notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Thomas J. Halley, Jr 1501 Dellsway Road Baltimore, 21286 death. Page 6 may be 9 20a, METHOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must director, p Parkwood Cemetery Baltimore, Maryland 4 Donation 5 Other (Specify) 8/5/94 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna examiner 22. NAME AND ADDRESS OF FACILITY LEONard J. Ruck, Inc. MarleT Lawre 5305 Harford Road Baltimore, filled in by the ion, or removal. medical 23. PART t. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final Onset and Death the cremation. disease or condition R45 PIratory FAILURE pietely resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) and com Bilateral Phenone traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 If any, leading to immediate cause. Enter UNDERLYING physician prior CAUSE (Disease or injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending 0 the attend PART, ii. Other significent conditions contributing to deeth but not recuiting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY PERFORMED? MEDICAL 9 P METATIATIC CARCINOMA ( PAROTIO GLAND any signed i 1 YES 2 HINO Shows 1 TES 2 NO been L. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \boxed{1}\) PHYSICIAN: 83 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State certificate EXAMINER? HOSPITAL:
1 Propellant 2 ER/Outpetlent 3 DOA OTHER: 1 YES 2 1-NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. this 1 D Natural 5 Pending investigation 1 YES 2 NO BY After 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 DIRECTOR: / hours after of item 28 is COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

A MEDICAL EXAMINE: On the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated. FUNERAL I Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29c. LICENSE NUMBER BE 9 TED CAUSE OF DEATH (ITEM 27) (Type, Print) Elliot RAFFEL, O.O FRANKLINSQ HOSPITAL

TA REGISTANT'S BIGHATURE ALL



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death, Page 6 may be retained by the hospital or attending physician.  NARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  NATH Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		JERIIF	CALC	UF	DEAL	П	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)  ALEX ANDER	=NCE	2. DATE OF DE								
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 1 M 2 D F 67 YRS. 8. AGE (in yrs. last birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)						Count				
	9a. FACILITY NAME (If not institution, give street and numb			9h CITY	TOWN C	B I OCATIO	ON OF DEA		1927	NTY OF E	CAROLINA
TOR	HARBOR HOSPITAI					MORE			96. COU	n/a	
0	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY		1 400 CIT	v TOURI O	010017	1011					
DIRECTOR	MARYLAND n/a		100, C11	y, town of Ba		MORE					10d. INSIDE CITY LIMITS?  1 YYES 2 NO
FUNERAL	100. STREET AND NUMBER  22.35 PRENTICE	PLACE			101	212				TED OF	WHAT COUNTRY? STATES
2	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S.	ARMED	13. W	AS OEC	ENDENT O	F HISPANIC	ORIGIN? (Specify Y	a or No-	14 BAC	F — American Indian
BY FI	1 Never Married 2 X Narried FORCES  3 Widowed 4 Divorced IF YES, C	1 VES 2 NIVE WANT OR DATES	NO	If	yea, spe			Puarto Rican, atc.)		Spec	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		DECEDENT'S (Give kind of v	vork done d	CUPATIO	N st of workin	a	16b. KIND OF B	JSINESS/IN	DUSTRY	BLACK
COMPLET	Elementary/Secondary (0-12) College (1-4		life. Do NOT us	e retired.)			y	N.A.S	Δ		
OMI	12 TH  17. FATHER'S NAME (First, Middle, Last)		LABOR	CEIX.		18. MOTE	IFR'S NAMI	E (First, Middle, Maide			
ш	JAMES A. LAWRI	ENCE					LECT				
TO B	19a. INFORMANT'S NAME (Type/Print) GLORIA LAWRENC		19b. MAILING 2235	ADDRESS	(Street a	nd Number	or Rural Ro	ute Number, City or To	vn. State, Zi IORE,	p Code) MD	21205
	20a. METHOD OF DISPOSITION  XX Burial 2 Crematton 3 Removal from Sta  4 Donetion 5 Other (Specify)	20b. PLAC	CEAND DATE OF COMMENTS OF COMM	of DISPOSI	TION (Na	me of VA	CEM		CATION -		own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4	KIDOH	22. NAME AND ADDRESS OF FACILITY							
	Lee V. Blolland WM. C. MARCH FH1101 E. NORTH									TH AVENUE	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arreat, ehock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Approximate Interval Between Onset and Death  Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significent conditions contribution	on to death but no	t regulting i	n the unc	deriving		lunn in D	ert I. 24a, WAS A	I ALETONOU	T	. WERE AUTOPSY FINDINGS
EDICAL		t resulting t	resulting in the underlying cause given in Part I.					RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	DID TORACCO HEE CONTRIB	LITE TO C'	ICE OF	DEAT	11 14	PC		_			1 TES 2 NO
AN	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UIE IO CAL	USE OF	DEAI						$\perp$	
SICI	EXAMINER? HOSPITA	L: t 2 ER/Outpatient	3 🗆 DOA	OTHER	:		EATH (Checi				
PHYSICIAN	27. MANNER OF CEATH 28s. OA	TE OF INJURY nth, Day, Year)	28b. TIM		28c. INJI WO	URY AT	1	Other (Specify)	INJURY OC	CUREO	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	ACE OF INJURY — At Iding, etc. (Specify)	homa, farm, a			ES 2		281. LOCATION (Street City or Town, State	)		Route Number,
ET											
OMPLET	29a. CERTIFIER  1 Check on (Check on one)  2 MEDICAL EXAMINER: On the base										i) and manner as stated.
1	296. SIGNATURE DIPO TITLE O CERTIFIER	tome of	Tries			29c. LICE	NSE NUMB	ER	29d. DAT	SIGNET	(Month, Day, Year)
	30. NAME AND ADDRESS OF P RS. WHO COMPLETED THO MAS V-1 EO LOG	CAUSE OF DEATH (	E 27) (Type,	Print)	C	Z.	BAC	TIMORE,	NA	KYL.	AND.
	AUG 0 4 1994	STRAR'S GRATUFE			_						

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DIVISION OF VITAL RECORDS, P.O. B

THE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE				
1	1. DECEDENT'S NAME (First, Middle, Last) Lillian		Li	eberma	n	July 30,	<b>~</b> 1994 `	3. TIME (	OF DEATH	
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	La	BIRTHPLACE (St	tate or Foreign	
	213-50-2431 1  9a. FACILITY NAME (If not institution, give stree	□ M 2 💢 F 94	YRS.	HITHS DAYS	HOURS MIN.	Feb 1, 1		°On i.o		
œ			91		R LOCATION OF DE	EATH	12.	Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	ot. 812		ватс	imore		Ba	ltimore		
RE	10a. STATE 10b. COUNTY			OWN OR LOCAT		-			TS?	
	Maryland Balt 100. STREET AND NUMBER	imore		Baltim	ZIP CODE		40a CITIZE	1 TYES	8 2 X NO	
ERA	ll Slade Ave.	Apt. 812		101		208	1 -	U.S.A.	NINTY	
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify )		I. RACE — Americ	can Indian,	
ВУ Г	1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify	n, Puerto Ricen, etc.)		Black, White, a Specify:		
	15. DECEDENT'S EDUCAT		16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b. KIND OF B	USINESS/INDUS		nite	
ET	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo	st of working	Total time of E	00111200111000	,,,,,		
COMPLETED		5+	Nurs	е			Nursi	.ng		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	en Surname)			
BE	Simon  19a. INFORMANT'S NAME (Type/Print)	<u>T</u>	ennenbaum			Va Route Number, City or To		4.5		
2	Joan Woldman		IPD. MAILING AD	UNESS (Street 8	nd Number or Hural F	nome number, City or it	own, State, Zip Ce	ode)		
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremetion		PLACE AND DATE OF D		me of	DATE 20c. 1	OCATION — CIt	y or Town, State		
	4 Donation 5 Other (Specify)	Ba	etery, cremetory or other  ltimore H	ebrew	8/1/94		eisters	stown, M	1D	
	21. SIGNATURE OF UNERAL SERVICEN	SEE			Sol Levi	nson & Br	os.			
	100/1	Jene	-	6010	Reisters	town Rd,	Baltimo	ore, MD	21215	
	26. PART I. Enter the diseases, or con shock, or heart fallers. Lis	plications that caused tonly one cause on ea	the death. Do not ich line.	entar tha mo	de of dying, suci	h as cerdiac Dr res	piratory srres		proximats ervsi Batween	
- 1	iMMEDIATE CAUSE (Finel disease or condition	Rrac	ast 1		C.05			On	set and Dasth	
	resulting in death) s		CONSEQUENCE OF):	an	cel					
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CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):									
H	resulting in death) LAST									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY Fin									
PHYSICIAN: MEDICAL	HTN			9,-100.00		PERF	ORMED?	COMPLET	E PRIOR TO ION OF CAUSE	
MED			OF DEATH?							
ä	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	F DEATH YES		UNCERTAIN	v 🗆				
ICIA		OSPITAL:	26. PLACE OF DEATH (	Check only one) THER:						
1YS	1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpu  26a, DATE OF INJURY		☐ Nursing Hom		nca 8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	wo	RK?	280. DESCRIBE HOW	Bd. DESCRIBE HOW INJURY OCCURED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	— Al home, ferm, stree			281. LOCATION (Street and Number or Rural Route Number,			ner,		
TED	4 Homicide datarmined			City or Town, State)						
COMPLET		N: To the best of my knowle								
S	2 MEDICAL EXAMINER: C	On the basis of examination	and/or Investigation, I	n my opinion, d	anth occured at the	time, data and place,	and due to the o	cause(a) and man	ner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ano 1.	<b>\Q</b>		29c. LICENSE NUN	0 50	29d. DATE S	NED (Month, De	ny, Yoar)	
2	30. NAME AND ADDRESS OF PERSON WHD C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type Pri	nt)	1) 54	-354	1	13110	17	
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DIVISION OF VITAL BECOBES

BALLIMORE, MARYLAND 21215-0020	SICIAN: the law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	To ficial as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 68160.	TO THE HOSPITAL OR ATTENDING PLYSICIAN: We law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After his conflicted has been signed by the attending physician and completely fine and when the huntan prince to buried completely fine and Mental Huntans prince to buried completely fine.	IMPORTANT: If item 28 is marked, or free 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)  RICHARD	F. LE	ACH			2. DATE OF DEATH DAY 7 - 29
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)

	1. DECEDENT'S NAME (First	(, Middle, Last)	F. LEA	04					2. DATE OF MONTH	DA	7-9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER		AGE (In yrs. las	t birthday)	IF UNDER 1	/EAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	-97		PLACE (State or Foreign
	356-24-4		1 XXXM 2 □ F	63			DAYS	HOURS MIN.	(Month, Di	31		Countr	» stown, Illinois
TOR	98. FACILITY NAME (II not II  2304 DUM  RESIDENCE OF DE	word	Lasse			96. CITY, T	OWN O	R LOCATION OF DE	ATH			MY OF D	1
DIRECTOR	Maryland	10b. COUNTY				тожи од орра	LOCAT	ION				/	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
A	10e. STREET AND NUMBER						101	ZIP CODE	-		10g. CIT	ZEN OF V	VHAT COUNTRY?
FUNERAL	2304 Dunwoo	od Lane	e				2	21085				USA	
BY FU	11. MARITAL STATUS  1 Never Married 2 3 Wildowed 4 Dive		12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 N	10	163	es, spi	ENDENT OF HISPAN Helty Cuben, Maxica 2 NO Specify	n, Puerto Rica	ipecify Yes n, atc.)	or No—	14. RACE Black Speci	
	///	CEDENT'S EDU	1		CEDENT'S I	ISUAL OCC	IPATIC	·M	165 KH	AD OF BUI	SINESS/INC	HOTEV	White
COMPLETED	(Specify on Elementary/Secondary (	ly highest grade	College (1-4 or 5+)	(Gi	Do NOT use	ork done dui retired.)	ing mo	at of working					
M	17. FATHER'S NAME (First, M	Aiddin Last)		Enç	ginee	Г		18. MOTHER'S NA		14	W .	searc	h Corp.
E C	David Clar		ch					Della			Surname)		
m	19a. INFORMANT'S NAME (			198	. MAILING	ADDRESS (	Street a	nd Number or Rural F			n, State, Zij	Code)	
2	Jeffrey J.		oler		222	West	Mt.	Pleasar					ia, Pa. 1911
	20s. METHOD OF DISPOSIT  1 Burist 2 Cremetic  4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE A certifiery, cre-	MDDATEO	er place)	ON (Na		/30/94		CATION —		
	21. SIGNATURE OF FUNERA		CENSEE	I HELLO	-Wella		ME AN				ltimor	e, ilu	•
	DE 5 5 >	Rom	- Q. T	~-1d	h			Lassahn Fi				0400	,-
	23. PART I. Enter the d	liseasea, or o	complications that ca	used the de	ath. Do n			Belair Rd					/ Approximata
	ahock, or h IMMEDIATE CAUSE (Fit disease or condition reaulting in deeth)	eert fellure.	e. Attui	on each line	enter	_ Ca		cavascu				,	Interval Between Onset and Death
NOI	Sequentially list condit		b	AS A CONSEC				i.					
MEDICAL CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events	ing dry	cDUE TO (OR	AS A CONSEC	DUENCE OF	:							-
ERI	resulting in death) LAS	ST	d										
C										. WERE AUTOPSY FINDINGS			
S											ES 2 NO COMPLETION OF CAUSE OF DEATH?		
	1 YES 2 P NO OF DEATH?												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL												
Sici	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 OTHER:  1												
듄	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  M 1 YES 2 NO  NOTE: (SDESN)  28d. DESCRIBE HOW INJURY OCCURED  NOTE: (SDESN)												
TED BY	Accident investigation    Accident   Acciden					reet, factor	, office			ON (Street and Number or Rural Route Number, Gwrn, State)			
COMPLETED			ICIAN: To the best of my										) and menner as stated.
H	296. SIGNATURE AND TITLE	OF CERTIFIE	elle & D	Sed Ele	men	n		29c. LICENSE NUN					(Month, Day, Year) 9 - 94
5	30. NAME AND ADDRESS O				M 27) (Type,	Print)		20137	RAPPE	CH	11801	7 20	17
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TO THE HOSPITAL TO THE FUNERAL be filed within 72 ho

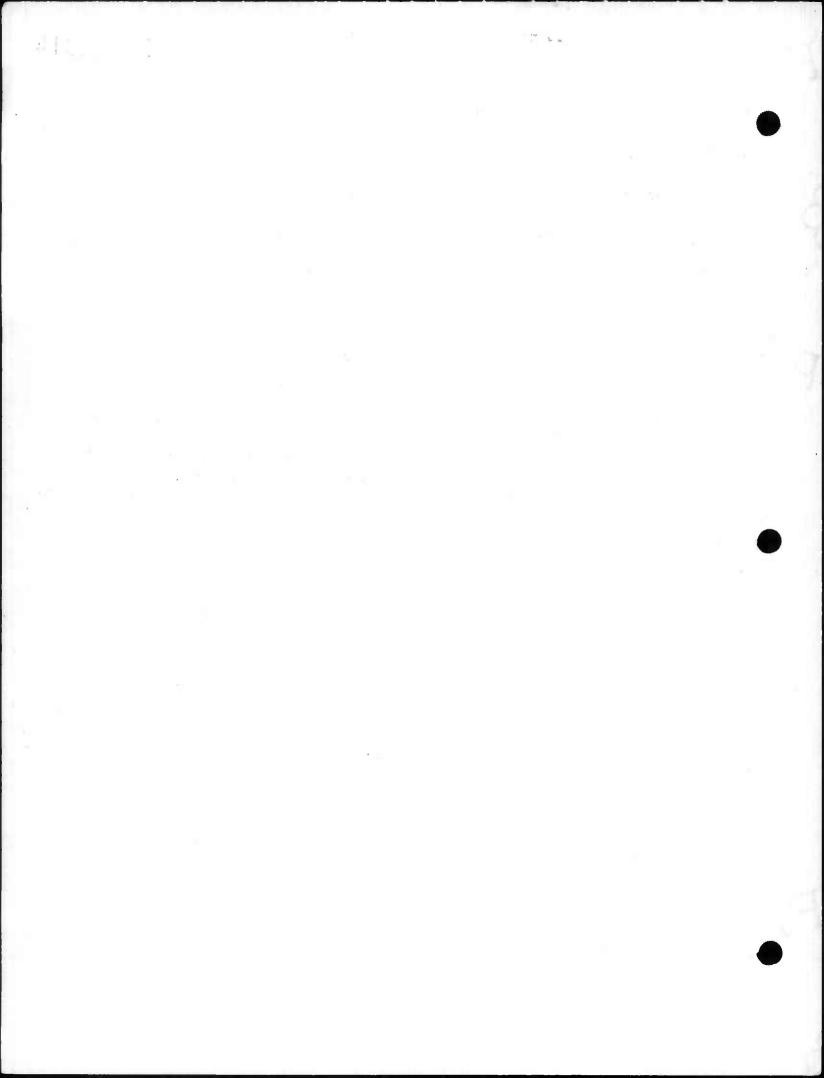
		1 - FOR STATE REGISTRAR	STATE OF MAR			TMENT OF H		MEN.	TAL HYGIEN	E			
Γ	1	1. OECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATN	
		SYLVIA			EAN				ĴÜLY 3Ő	,1994	YEAR	4:16 P	) M
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. las	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(M	TE OF BIRTH lonth, Day, Year)		a. BIRTHP Country)	LACE (State or Foreign	7
- 1	- 11	216-03-2478  9a. FACILITY NAME (If not institution, give	X	76	Tho.	Oh CITY TOWN	OR LOCATION OF D		AY 6,19			YLAND	
	۳ ا	The Country of Death											
	ថ្ង	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN					Ma.		<u> </u>				
	DIRECTOR		LTIMORE		10c. CITY	, TOWN OR LOCA						10d. INSIDE CITY LIMITS?	
	FUNERAL D	MARYLAND BA 100. STREET AND NUMBER	TITMOKE:			RANDAL 10	LSTOWN LZIP CODE			10g. CITIZ		1 YES 2 NO	
		8803 ALLENSWOOD	RD.				21133			IJ	S.		
	5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARI	MED 10		ENDENT OF HISPA				14. RACE	- American Indian, Whita, etc.	
	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES A		1 🗆 YES	2 NO Speci	ly:			Specify WH	TTE	
		15. DECEDENT'S EDI (Specify only highest grad				USUAL OCCUPATION done during mo		T	16b. KIND OF BUS	INESS/IND	_		
	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	retired.)	or working			_			
oce.	COMPL	17. FATNER'S NAME (First, Middle, Last)	2	SE	ECRET	ARY	40 1107117010 111		LEGAI		AW		
at or	EC	JOSHUA		PELC	OVITZ		ETH		st, Middle, Maiden	Surname)	STI	EGEL	
Liffed	10 B	19a, INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	198	- MAHNS	ADDRESS (STREET	and Number of Burel	Route N	478945 S/74 9F TENY	State Zip	Cappel	( 21133)	
oe no	۲	GILBERT LEA	N		0000	ALLENSI	WOOD RD.	TC.	HINDALLS	LOWIN,	MD.	( 21133)	
medical examiner must be notified at once.		20a. METHOD OF DISPOSITION   1文例 urial   2   Cremation   3   Rar   4   Donetion   5   Other (Specify)	noval from State	20b.PLACE A COMETERY, CREAT BETH	MD DATE O	FDISPOSITION (Na	NSHE KUR	2-92	+	ALTO.	•	n, Stata	
ner		21. SIGNATURE OF FUNERAL SERVICE L		DUIL	1 11311	-	ND ADDRESS OF FA		D Dr	anto.	עורו		
ехаш		> Siett	M. Cu	Alls		SOL	LEVINSON	& 1	BROS.				
dical		23. PART i. Enter the diseases, or	complications that cau	sed tha da	ath. Do n	ot antar tha mo	RETSTER	STO	WN RD. I	BALTO ratory arm	est,	).(21215)   Approximata	_
E E		IMMEDIATE CAUSE (Fine)	List only one cause or	n aach ilna.					/			Interval Betwee	
# #		disease or condition reaulting in death)	· Ace	te	n	your	deal	A	free	ron	7	Indle	21
eve		_	DUE'TO (OR A	S A CONSEC	DUENCE OF	<b>y</b>			/				
or other traumatic event, the	RTIFICATION	Sequantially list conditions, if any, lasding to immadiata	bOUE TO (OR A	S A CONSEC	DUENCE OF	):							
ir tra	<u>র</u>	csuse. Enter UNDERLYING CAUSE (Disesse or injury	c										
othe	Ë	that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEC	DUENCE OF	):							
injury, or	빙		d									İ	
	정	PART II. Other significant condition	na contributing to deati	h but not n	esulting li	tha underlying	g cause givan in	Part i.	24s. WAS AN PERFOR		1 2	WAILABLE PRIOR TO	
shows any	EDIC					·		—	1 TYES	NO	(	COMPLETION OF CAUSE OF DEATH?	E
sho	Z Z	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEAT	TH YE	S [] NO [	UNCERTAI	 N П			1	YES 2 NO	
Item 23	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check only one)	OTTOLKIA						
- i	XS.												
rked,	0∟ ∥	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea		26b. TIME INJU	IRY WO	RK?	28d. 1	DESCRIBE NOW IN	JURY OCC	URED		
E III	ě	2 Accident Investigation 3 Suicide & Could not be	Investigation  8 Could not be  28a. PLACE OF INJURY — At home, farm, street, factory, office  28t. LC						OCATION (Street a	nd Number	or Rumi Ro	ute Number	-
287	ETED	3 Suicide 6 Could not be detarmined 228. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 228. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							•				
Hen	2	29a. CERTIFIER (Check only)  CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
INT	COMPL	one) 2 MROICAL EXAMIN	ER: On the basis of examina	ition and/or is	nveatigation	, in my opinion, d	eath occured at the	time, d	leta and placa, and	d due to the	cause(a)	end menner as stated.	i.
	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1/67	-			29c. LICENSE NU	MBER 32	7	29d. DATE	SIGNEO (	Month, Day, Year)	
×	2	30. NAME AND ADDRESS OF PERSON WI	1	OEATH (ITEN	1 27) (Type.	Print)	000	7 2	~	0	-1	-/7	
				Ç	, , , , , ,								
		31. DATE FILEO (Month, Day, Year)	PALLA DELIGITARIS SI	GNATORE .	Щ								
L		AUG 0 41994										OHMH-16 Ray	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		FICATE OF	DEATH	ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last) A.K.  ALICE W LACEY	A. Alice V.	Lachajc	zyk	2. DATE OF DEATH DA		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 2/3 22 73/5 1 ☐ M 2	/3	MONTHS DAYS	IF UNDER 24 HRS.	Morth, Day, Year)	Cou	THPLACE (State or Foreign ntry) ryland	
стоя	9a. FACILITY NAME (If not institution, give street and num MERIDIAN FRANKLIN W RESIDENCE OF DECEDENT		SALTO	M D	TH .	BELTO		
DIREC	10a. STATE 10b. COUNTY  Baltimore	Country	TY, TOWN OR LOCAT		dle Rive	r	10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
ERAL	100. STREET AND NUMBER 742 W KINGS WAY			ZIP CODE 2 / 2 2			WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 12. WAS DO FORCE	ECEDENT EVER IN U.S. ARMED S? 1 YES 2 X NO GIVE WAR OR DATES	If yea, spe		ORIGIN? (Specify Yes	or No- 14. RA	ce — American Indian, ock, White, atc.	
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1	-4 or 5 +) (Give kind o		N st of working	16b. KIND OF BUS	INESS/INDUSTRY		
COMPL	17. FATNER'S NAME (First, Middle, Last)		sewife	18. MOTNER'S NAME	(First, Middle, Malden	Home Surname)	- <u></u>	
BE	William Albert  19a. INFORMANT'S NAME (Type/Print)		IG AOORESS (Street a		Elizabe		t	
0	Ann Lamb		West Ki	ngsway l		timore	, Md.21220	
	1 X Burlet 2 Cremetion 3 Removal from S 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVISE LICENSEE	cemetery, cremetory or Sacred He	eart of M	ary 8/5/1	994 Balt	imore Co	o., Maryland	
	23. PART A. Enter the disesses, or complication	Lin	1407 E	astern Av	e Baltimo	re, Mar	yland 21221	
No	shock, or hear feiture. List only of iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	NOCARCINOMA WOLF TO (OR AS A CONSEQUENCE	ITH METS,			atory srrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  RT HIP PARTY FK. + MESS TO RT FEMUR.  SEIZURE DISORDER.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO							
CIAN	ANEMIA COP P.E.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  QTHER:							
BY PHYSICIAN:	1 VES 2 DNO 1 Inpette 27. MANNER OF GEATH 28a. C	ont 2 ER/Outpatient 3 DOA DATE OF INJURY 26b. TI	ME OF 28c. INJURY WOL		Other (Specify)  6d. OESCRIBE NOW IN	JURY OCCUREO		
ETED B	3 Suicide 26a. P	LACE OF INJURY — At home, farm, uliding, atc. (Specify)	, street, factory, office	2	61. LOCATION (Street a City or Town, State)	nd Number or Rure	Route Number,	
COMPLE		best of my knowledge, death occur els of examination and/or investigat					(a) and manner as stated.	
TO BE	296 SIGNATURE AND TITLE OF CERTICIES	3		D3399	ER 13	29d. DATE SIGNE	D (Month, Day, Year)	
	30. N AND ADDRESS OF PERSON WHO LET SULL CLUB STATE FILED (Month, Day, Year) 22-782	GISTRAR'S SIGNATURE	98, PINI()	· · · · · ·				
		inden-Rudoll						



DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be	g physician	ene prior 1	IMPORTANT, If item 2 Is hand, or item 23 shows any injury, or other traus
Ö	Ces	ndin	H	0 10
DS, F	the death	the atte	d Mental	injury, c
SOR	es that	gned by	afth an	s any
RE(	requir	been si	L. of He	show
T	law	18S	Ded Ded	23
IT/	N: The	cate	State	Item
>	CIA	ertil	e	-
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NOI	NDING F	wer	r dezth	Isama
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	품	뿚	filed	2
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	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r Unique that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	p with pe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I he lies 22 chows any injury or other traumatic event the medical eventions much be notified at once
	equires that	n signed by	of Health and	NOW SAN
	he law rei	has been	Dept. of	n 22 ch
	AN: Th	tificate	e State	a item
	NSICI.	Ser.	THE STATE OF	7
,	H	1 18	*	6

ir item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	0.		3. TIME OF DEATH
	TEAN	MASK					JULY 29,	1994	PRAT	4:03 P. M			
- 3	JEAN 4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last		IF UNDER	1 7540	IF UNDER		7. DATE OF BIRTH	1334		
	217-50-0228		1 M 2 XF	85	VRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	_	Country	
	9a. FACILITY NAME (If not in								ON OF DE	7/22/190			RYLAND
CC	6624 EBERLE			3	I			MORE	ON OF DE	ATH	9c. COL	JNTY OF DE	ATH
6	RESIDENCE OF DEC												
DIRECTOR	10e. STATE	10b. COUNTY				r, TOWN O		ION				Т	10d. INSIDE CITY
ä	MARYLAND				BAI	TIMC	RE					- 1	LIMITS? X YES 2 NO
A	10a. STREET AND NUMBER						101	ZIP COD			10g. CIT	TIZEN OF W	HAT COUNTRY?
ER	6624 EBERI	E DR.	APT. 10	)3				212	15		US	A	
FUNERAL	11. MARITAL STATUS			T EVER IN U.S. ARI		13. \	MAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (Specify	fea or No-	14. RACE	- American Indian,
	1 Never Married 2		FORCES? 1 IF YES, GIVE V		0	If yes, specify Cuban, Maxican, Puerto Rican, etc.)  Black, WI  USes NO Specify: Specify:				, White, etc.			
ВУ	3 Widowed 4 Divo	rced				Specify.					WHITE		
쁘		EDENT'S EDUC y highest grade		(Gh	CEDENT'S	rork done o	CUPATIO	ON st of workin	na	16b. KIND OF I	USINESS/IN	DUSTRY	
<u>"</u>	Elementary/Secondary (0	1-12)	College (1-4 or 5		Do NOT use					AT HO	ME.		
COMPLETED	10												
	17. FATHER'S NAME (First, M MAX		LEVIN					18. MOTI	FAN	ME (First, Middle, Maid VIE	en Surname)	MYER	RS
8	19a. INFORMANT'S NAME (7	I ma (Defeat)					land on						
2	MRS. EVELY		IAN							A-10, BAI			21215
	720a. METHOD OF DISPOSIT	ION		20b. PLACEA		_			P1. /		OCATION -		
1	200. METHOD OF DISPOSITION OF DISPOS		rval from State	cemetery, cren HAR S							INGS		. 0.0-0
	21. SIGNATURE OF FUNERA		ENOCE	- I IIAK D	TIAUT	22.1	NAME AN	D ADDRE	SS OF FAC	HLITY			7 12
1	1	-/0								BROS., I			
	yes	XC	mus	0							ALTO.		21215
	23. PARTI. Enter the di shock, or h	eert fellure. L	omplications the list only one cau	t ceused the dea se on each line.	ith. Do n	ot anter	tha mo	da of dyl	ing, such	ss cardisc or re	piretory si	rest,	Approximats Interval Batween
}	IMMEDIATE CAUSE (Fin	nal	(i a	A		A		7	0.	· A			Onset and Desth
	resulting in deeth) s. Usute myocardial inferralism 1 day												
	disease or condition resulting in deeth)  s. Cicute my orandral inferraction 1 day  DUE TO (109 AS A CONSEQUENCE OF):  Arterior Cardin Vaxilla Disease 44												
CERTIFICATION	Sequentially list conditions, OHE TO (OR AS A CONSEQUENCE OF).												
¥	If sny, lesding to immed csuse. Enter UNDERLY!	NG		(**************************************		,							İ
프	CAUSE (Disease or Inju that initiated events	ry s	DUE TO	(OR AS A CONSEO	UENCE OF	):							+
ᇤ	resulting in death) LAS	T d											
	PART II Other significa	nt condition	contribution to	doub but not a	a dela a de		4 1 4 4 4						
MEDICAL	PERFORMED? AMAIL									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă										COMPLETION OF CAUSE OF DEATH?			
			rative										1 TYES 2 NO
Ä	DID TOBACCO U		IBUTE TO CA					UNC	ERTAIN				
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	ACC-2-15 1	OF DEAT	OTHER	:	V					
<u> </u>	1 VES 2 NO		1 Inpatient 2		28b. TIME	_			sidence I	B Other (Specify)			
A	1	Pending	(Month, D		INJL	JRY		RK?	- I	28d. DESCRIBE HON	INJURY OC	CURED	
β	3 Carlotete	Investigation	28e, PLACE O	F INJURY — At hor	ne term et	Ireat facto			NO	281 LOCATION (Com	t and themb		
ø		Could not ba determined	building,	atc. (Specify)	, 101111, 01	treet, lest	ny, ome	•		281. LOCATION (Stree City or Town, Sta		Y OF PILITIES PIC	oute Number,
COMPLET	29a. CERTIFIER					2047 9						_	
₩ I										to the cause(a) and n			and manner as stated.
8		-		2	- Iveatigation	1, III IIIY O	mion, o						
띪	29b. SIGNATURE AND TITLE	CERTIFIER	und T	on si	A. L	C		29c. LICE	ENSE NUM	BER	29d. DAT	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH STEM	27) (Time	Print I		NO	- 6	^ -	1	101	//
	11 41/17EL	FULL	Mh	1611	ARX	1 /	Ts.	AU	= /	BALTO.	MI	121	12/5
	31. DATE FILED (Month, Day.	Year)	32. REGISTRA	R'S SIQUATURE	71.0	-				7.070.			
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)  Mayie, Howay	th. McNei				2. DATE OF DEATH DAY		3. TIME OF DEATH	
P		4. SOCIAL SECURITY NUMBER 185-10-5554	1 M 2 WF 75		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (MONT) - 30 / 18	6.1	BIRTHPLACE (State or Foreign South) Pa.	
2. 3 should	TOR	9a. FACILITY NAME (II not institution, give Fallson Genera RESIDENCE OF DECEDENT	1 Hospital		FallSt	on Location of DE	ryland	9c. COUNTY	of DEATH Ford	
permit. Pages 1.	DIRECTOR	100. STATE 10b. COUNT	Y		TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
nsit permi	FUNERAL	100. STREET AND NUMBER  14824 Jarretts	ville Pike	101.	21111		109. CITIZEN OF WHAT COUNTRY?			
15-0020 ending physician. as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			If yes, spi	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yell yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 XNO Specify:				
212-	LETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 12	JCATION e completed) College (1-4 or 5+)	completed) (Give kind of work done during most of working life. Do NOT use retired.)			Bendix			
RYLAND 2 ed by the hospital uld be detached fo ed at once.	BE COMPL	17. FATNER'S NAME (First, Middle, Last) Otiss Howarth				ME (First, Middle, Maiden S Sodermung	Surname)			
MA retain 5 sho	TO B	190. INFORMANT'S NAME (Type/Print)  Cynthia M. Brow	n				oute Number City or Town Pike Monkt			
e 6 may ector, pa		20e. METNOD OF DISPOSITION 1 Burist 2 Commetter 3 Ren 4 Donation 5 Other (Specify)	noval from State	PLACEAND DATE OF STIO-CIE				cation — city Ltimore	e, md.	
SALT death. e funeral. al.		21. SIGNATURE OF FUNERAL SERVICE LI	In Funor	domo	E.F. 1175	50 belair	n Funeral H r Rd. Kings	sville	, Md. 21087	
within 25 within 25 upletely filli cremation,		23. PART 1. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. DUE TO (OR AS A C	ch lina.				100	Interval Betwee	
Cortificate be execute nding physician and cortificate prior to burian other traumatic.	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A)	arette	Sura	stanct	ive Pulm	ong D	soole	
RECORDS requires that the d en signed by the of Health and Mei	MEDICAL C	PART II. Other significant condition	bowel	obsta	uctio	`\	Part I. 24a. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
TAL The lan te has ate Deg	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PL QTHER:	ACE OF DEATN (Che				
UN OF VI	ВУ РНУ	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME	M 1 WO	RK? /ES 2 NO	28d. DESCRIBE NOW IN			
	ETED	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY - building, etc. (Specif	y) 			28f. LOCATION (Street as City or Town, State)	<u>.</u>	tural Route Number,	
Z 7 N =	COMPL	ann)	ER: On the best of my knowle						iuse(s) and manner as stated,	
TO THE HOSPIT TO THE FUNER Be flied within 7	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	brecoh	Vely		DS47	87	29d. DATE SI	SORY Year)	
6		Francis	Roseph	TH (ITEM 27) (Type, &	Ruc					
		AUG 0 4 1994	32. REGISTALAR'S SIGNAT	delle						

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to the first hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once.

	1 - FOR STATE OF MARYLANI	D / DEPAR	TMENT OF H	EALTH AND N	MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last)			JEAN	2. DATE OF DEATH		3. TIME OF DEATH
	Clara D. M <sup>C</sup> Call				MONTH	DAY :	1994 5 05 attr
		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTHPLACE (State or Foreign Country)
	215_03_8952 1 M 2 KF 78  as. FACILITY NAME (If not institution, give street and number)	YRS.		R LOCATION OF DE	5-20-19	3.0	Maryland NTY OF OEATH
DIRECTOR	Stella Maris			Maryland			altimore
EC	10a. STATE 10b. COUNTY	10c. CIT	, TOWN OR LOCAT	ION			10d. INSIDE CITY
	MD Baltimore		Towso				1 VES 24 NO
FUNERAL	100. STREET AND NUMBER 2300 Dulaney Valley Road			21204			ited States
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	ARMED	13. WAS DEC	ENDENT OF HISPANI			14. RACE - American Indian.
BY F	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced FORCES? 1 YES 2	Х≀ио	If yes, spe	2 NO Specify:			Black, White, alc. Specify:
	Λ	DECEDENTIA	1		T		White
COMPLETED	(Specify only highest grade completed)	(Give kind of v life. Do NOT us	USUAL OCCUPATION FOR done during moder retired.)	n st of working	16b. KIND OF	BUSINESS/IND	USTRY
1			worker				
S	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAM	ME (First, Middle, Mak	len Sumame)	
BE C	Alexander Doda			Anna Ku	czak		
2	198. INFORMANT'S NAME (Type/Print) MARIE ROBINSON			nd Number or Rural R			
	209, NETHOD OF DISPOSITION 20h. PLA	CEANDDATE	DE DISPOSITION (Na	GH CIRCL			MD 21204 City or Town, State
	A Donglion 5 Other (Specify) Cemetery	ERY	8/5	MARYI			
	21, SIONATURE OF FUNERAL SERVICE HEFINGEE			D ADDRESS OF FAC		FUNE	DAI HOME THO
	VICO TTOOK	,	1501	E. FOR	O LEVENS	FUNE:	RAL HOME, INC LTO., MD21230
	23. PART I. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each immediate Cause (Final disease or condition resulting in deeth)  Acute hemmon	hage		de of dylng, such	a cerdiec or re	apiratory arr	Approximets Interval Batwean Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. infected would not not not not not not not not not not	nd HSEOUENCE OF HOSIS	7):				
AL C	PART II. Other significant conditions contributing to death but n	ot resulting i	n the undarlying	cause givan in i	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CA					PERI	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	Callatotes Loft ligh	SEVE	i Wsc	culsu 1	ase feren "	- NO	OF DEATH?
ž							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1		ACE OF DEATH (Che	ck only one)		
YSI	1 YES 2 NO 1 Inpatient 2 EP/Outpatien	H DOA	OTHER: 4 X Nursing Hom	e 5 🗆 Residence 1	8 Other (Specify)		
	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28b. TIMI	URY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HO	W INJURY OCC	CURED
ED BY	2 Accident investigation 3 Suicide 8 Could not be delarmined 28e. PLACE OF NJURY — A building, atc. (Specify)	At home, Jerm, s	treet, lactory, office		281. LOCATION (Stre City or Town, St	et and Number ate)	or Rural Route Number,
LET	29a. CERTIFIER		ed at the time date	and place and due to	- th		
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination enc						
띪	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER SOF	29d. DATI	E SIGNED (Month, Day, Year)
2	30. NAME AND ADD ON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type)	Telsony	Valley	Rel	21	2014
	AUG 0 4 1994 32 REGISTRATIKE GENERAL	RE			<u></u>		
							UMU 4- D. 4

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		FOR 1 - STATE REGISTRAR		STATE OF I			MENT OF			MENTAL HYGIE				
Г		1. DECEDENT'S NAME (First, Mi	iddle, Last)							2. DATE OF DEATH			3. TIME OF DEA	ТН
-		ROBERT	Н	[.	MARSH	IAT.T.				JULY	29	94	1200	Рм
									R 24 HRS.	7. DATE OF BIRTH			HPLACE (State or F	
		210 29 046	A	1 😡 M 2 🗌 F	27 - 147 - 147 - 147 - 147		MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Count	(1/1	
		219-28-0464 1 M 2 F 60 YRS. Feb 15, 1934 Maryland  96. FACILITY NAME (if not inetitution, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH											_	
	DIRECTOR	1029 WEST	LANVA		REET		BALT				96. 000	NIY OF U	EATH	
	<u> </u>		b. COUNTY			10c. CITY	TOWN OR LO	ATION					10d. INSIDE CIT	Υ
	- 9	Maryland Baltimore 1 Type 2										LIMITS?	) NO .	
-	RA							IOI. ZIP COD	E		10g. CIT	ZEN OF	WHAT COUNTRY?	
-	FUNERAL	1029 West Lar			Apt			212				USA		
-	교	11. MARITAL STATUS  1XX Never Married 2 Me		12. WAS DECEDEN FORCES? 1	TT	1	13. WAS D	ECENDENT (	OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yee or No-	14. RAC	E — American Ind k, White, etc.	lan,
	β	3 Widowed 4 Divorce		IF YES, GIVE V	WAR OR DATES	rean		ES 2 NO				Spec	•	
		46 DECED	ENT'S EDUCA	# FEST	war								B1.ack	
1	=	(Specify only hi			(		JSUAL OCCUPA ork done during		ng	16b. KIND OF E	JUSINESS/INC	DUSTRY		
		Elementery/Secondary (0-12		College (1-4 or 5	+) "	e. Do NOT use	renred.)			1				
ej	COMPLETED			ollege		Postal	Worke				. Gove	ernm	ent	
0	8	17. FATHER'S NAME (First, Middle						18. MOT	HER'S NA	ME (First, Middle, Maid	en Surneme)			
3	BE	Richard Marsh	na 1.1.					R	ebec	ca Tweedy				
	0	19e. INFORMANT'S NAME (Type	/Print)		1	9b. MAILING	ADDRESS (Street			Route Number, City or 1	own, Stete, Zip	Code)		
2	F	Tyrone P. Mar	sha <u>1</u> .1.			4700 S	ue Ell	en 🕹	eensb reen	boro, Nor	th Car	oli	na 27405	5
0		20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Manned)												
Ē		WXBurtel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify) MD Veteran Cemetery/Garrison 8/5  Owings Mills, Marylan												
ne n		22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc.												
si examiner must be nouned at once.		2501 Gwynns Falls Parkway Baltimore, Maryland 21216  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.  Approximate												
or other traumant event, the medical	CERTIFICATION	shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):  Due To (or as a consequence of):												
nini kue swot	MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I.  24a. WAS AN AUTOPSY PROPORTO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO								CAUSE				
3	AN	DID TOBACCO 25. WAS CASE REFERRED TO A		OMIKIROJI	E IO CAL	JOE OF		YES _	NC					
E	PHYSICIAN:	EXAMINER?	1	HOSPITAL:	1		OTHER:			eck only one)				
5	ΥS	1X XYES 2 □ NO 27. MANNER OF DEATH		Inpatient 2					esidence	6 Other (Specify)				
		1 Natural 5 Per	ndina	28e. DATE OF (Month, L	Day, Year)	28b. TIME	JRY	NJURY AT VORK?		28d. DESCRIBE HO	W INJURY OC	CURED		-
E	B		estigation						NO					" '
	8	n □ cutate							Route Number,					
	AI				my knowledge (	feath occurre	d at the time d	te and place	and due	to the cause(e) end r	nannar aa eta	lad		
2		29e. CERTIFIER 1 CERTIFY	YING PHYSICIA	AN: IO The best of			u		-, unit			-47MF+		
	OMPLET	(Check only				rinvestigation	, in my opinior		red at the	time, date end place,	and due to ti		e) end menner ee	stated.
	COMPLETED	(Check only	L EXAMINER:			r investigation	n, in my opinior	, death occu				ne cause(		
	BE COMPLET	(Check only one) MEDICA	L EXAMINER:			r inveatigation	n, in my opinior	death occu	ENSE NUI	WBER	29d. DAT	e cause(	O (Month, Day, Year	)
PUKIAN	B	(Check only 1 CERTIF- one) XX MEDICA  29b. SIGNATURE AND TITLE OF	L EXAMINER:	On the basis of s	xamination end/o			death occu	ENSE NU	WBER	29d. DAT	e cause(		)
PORTANTI		(Check only 1 CERTIF- one) XX MEDICA  29b. SIGNATURE AND TITLE OF	ERSON WHO	On the basis of s	examination end/o	EM 27) (Type,	Print)	29c. LIC	. C . N	WBER	≥ JU	E SIGNES	30 , 199	4

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERA DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician,	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDANC PHYSICIAN: The law requires that the death certificate be executed within the rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hour date meets with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 % final keep, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
NAME (First, Middle, Last)	·	2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  ROBERTA MIDDLETO	IAI				2. DATE OF DEATH MONTH JULY 30	1994	3. TIME OF DEATH 7:41 A M		
	4. SOCIAL SECURITY NUMBER 218-62-7448  S. SEX 1 M 2 SF 40 YRS.  S. AGE (in yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   (Morrith, Day, Votar)   Country)   Mary									
10R	98. FACILITY NAME (If not institution, give stree  Maryland Genera  RESIDENCE OF DECEDENT		a1 94		timore	EATN	9c. COUNTY OF			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY ND .		ltimore	10d. INSIDE CITY LIMITS?  17 YES 2 NO						
ERAL	100. STREET AND NUMBER 1116 Argle Aven	nue		101	21201		10g. CITIZEN OF	WHAT COUNTRY?		
'n l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 - Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2000 Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.)	or No- 14. RAC Bla	CE — American Indian, ck, White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of work life. Do NOT use no Cas	done during ma	ON st of working	16b, KIND OF BUSI	NESS/INOUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Levi Cheesebot	ro			16. MOTHER'S NA Bert	ME (First, Middle, Meiden S ina Hodge	urname)			
10	190. INFORMANT'S NAME (Typo/Print) Llewelyn Chees	seboro	19b. MAJLING AC 2113	Penro	nd Number or Rural	Number, City or Town ue Balto.	, MD . 2	.12 <b>2</b> 3		
	20a. METNOD OF DISPOSITION  \$\int \begin{array}{c c c c c c c c c c c c c c c c c c c	of from State cem	PLACE AND DATE OF the etery, cremetory or other Lng Memo	rial	Pk. 8/4	/94 Bal	ation — city or 1	lD .		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1	CFSP #28		D ADORESS OF FA	сыту 172 ps F/HBal		Monroe ST		
	23. PART i. Enter the diseases, or conshock, or heart failure. Lis  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a	SEPSIS	the death. Do not ach line.  CONSEQUENCE OF):	enter tha mo	de of dying, suc	h as cardiac or reapir	story arrest,	Approximata interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
SERTIF	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  YES 2 \( \text{NN} \) NO  OF D									
	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NC			TX YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		THER:	ACE OF DEATN (Ch e 5 ☐ Residence	6 Other (Specify)				
AF PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT RK? /ES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED			
	3 Suicide 8 Could not be detarmined	26e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stre- ify)	et, factory, offic		281. LOCATION (Street ar City or Town, State)	d Number or Rural	Route Number,		
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER: (							(a) and menner on stated.		
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Bine	- m.D		29c, LICENSE NUI 89203	WBER	29d. DATE SIGNE	10 (Month, Day, Year) 30/94		
	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETEO CAÚSE OF DE COMARYLAN	D GENERAL	HOSPIT	AL					
	AUG 0 41994 Jan	32. REGISTRAR'S SIGN	ATURE VILL							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF REGISTRAR	MARYLAND / DE	PARTMENT OF		MENTAL HYGIEN					
	1. OECEDENT'S NAME (First, Middle, Lest)  SARAH POWEI	.L			2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	**1994 **	3. TIME OF DEATH 12:01 A M			
1	4. SOCIAL SECURITY NUMBER 217–32–7814 5. SEX $_{1\ \square\ M\ 2}\ \underline{X}_{F}$	6, AGE (In yrs. lest birt	res. MONTHS DAY		7. DATE OF BIRTN (Month, Day, Year) 9/23/190		BIRTNPLACE (State or Foreign Country) NEW YORK			
TOR	9a. FACILITY NAME (If not institution, give street and number) PLEASANT LIVING CONVALE RESIDENCE OF DECEMENT	SCENT HOME	96. CITY, TOW EDGE	N OR LOCATION OF DE WATER	ARUNDEL					
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE ARUNDEL		e. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS? X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 144 WASHINGTON RD.			10f. ZIP CODE 21037		109. CITIZEN USA	IZEN OF WHAT COUNTRY?			
BY	1 Name Married 2 Married FORCES?	ENT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes	DECENDENT OF NISPAI , specify Cuban, Maxica YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		or No. 14. RACE — American Indian, Black, Whita, atc.  Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	Hite Do	ATION most of working	GROCER						
BE CO	17. FATHER'S NAME (First, Middle, Last) LOUIS SALKIN	ND .		16. MOTNER'S NA HELE	ME (First, Middle, Maiden N	îrenels	SKY			
10	19a. INFORMANT'S NAME (Type/Print) RONALD H. POWELL		HOLLY DE		Route Number, City or Tow LIS, MD 2	n, Stete, Zip Coo 1403	je)			
	20a. METHOD OF DISPOSITION  1 V Burial 2 Cremation 3 Removal from State 4 Oonation 5 Other (Specify)	20b. PLACE AND I cemetery, cremato BALTIMO	RE HEBREV	Name of 7/31/9	1	CATION — CHY LTIMORI				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	then	SOL I		BROS., IN		MD 21215			
	23. PART I. Enter the diseases, or complications to shock, or heart feiture. List only one community of the	nat caused the death.  ause on each line.  County  O (OR AS A CONSEQUEN				iratory arreat,	, Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
MEDICAL	1/- // //	cer Sixe	(ance		PERFOR  1   YES   2	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		DEATN (Check only of		N L ]					
HYS	27. MANNER OF DEATH 26a. DATE (	☐ ER/Outpatient 3 ☐ D OF INJURY 28	OA 4 Nursing P	INJURY AT	6 Other (Specify) 28d. DESCRIBE NOW II	NJURY OCCUR	ED			
B	1 Natural 5 Pending 2 Accident Investigation 2 Suitable 26a PLACE	OF INJURY — At home, f		WORK? YES 2 NO	26f. LOCATION (Street a	and Number or F	Great Borda Northac			
ETE	4 Homicide determined buildin	g, atc. (Specify)			City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best 2 MEDICAL EXAMINER: On the best of						iuse(a) and manner as stated.			
出	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
욘	30. NAME AND ADDRESS OF PERSON COMPLETED CA		(Type, Print)							
	31. DATE FILED (Month, Day, Year) AUGO 41994 Julia Churcus	RARY SIGNATURE					DHMH.			

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BALTIMORE, MARYLAND 21215-0020	ificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
	inor.	filled ir
. BOX 68760,	ificate be executed within	physician and completely

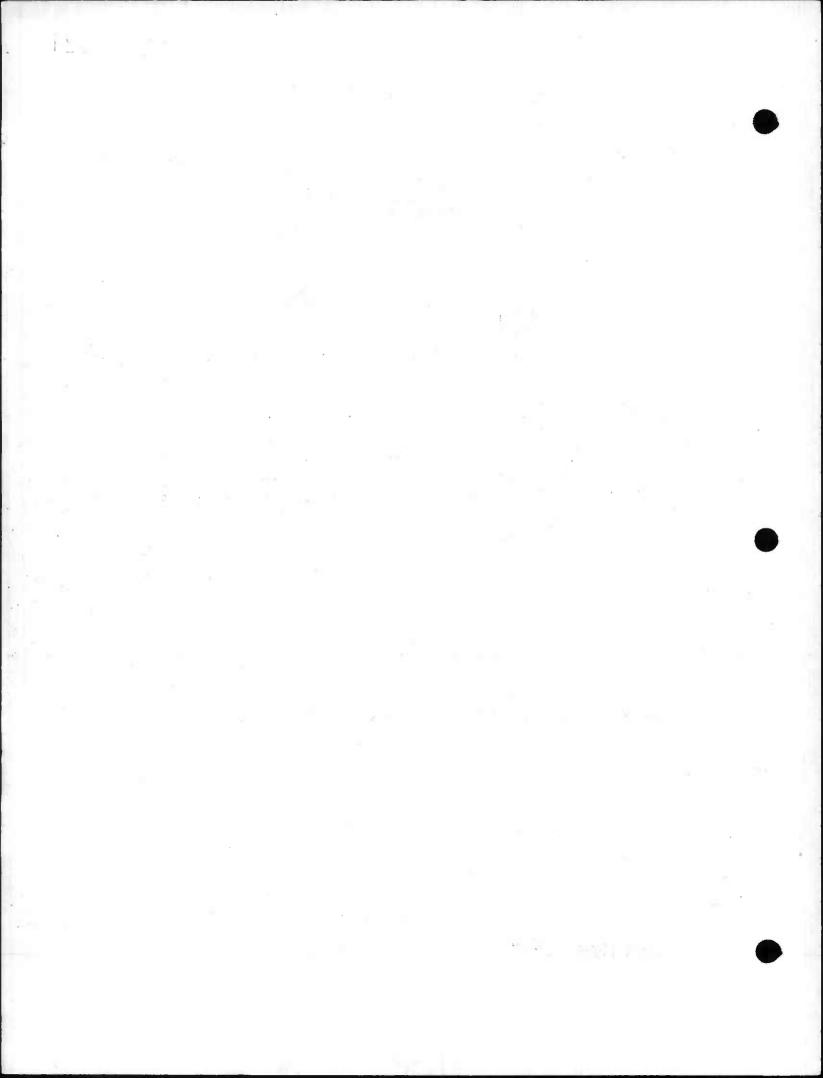
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ir death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detache al.	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Debt, of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: it Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
-	- 0	-

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	ERTIF	CATE	F DEATH		REG. NO	).		
	MONTH 31 941										17:30 PM
	4. SOCIAL SECURITY NUMBER 213-03-3932	5. SEX	6. AGE (In yrs. I	est birthday)	MONTHS DAY		(Mon	OF BIRTH th, Day, Ybar)		8. BIRTHI Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give sti	21.	81	THS.	DE CITY TOU	N OR LOCATION OF I		/17/19			MD
E I	ST. AGNES HOSPIT						PEATH		9c. COUN	ITY OF DE	EATH
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY		The state of the s					10d. INSIDE CITY LIMITS?	
10	MD 10a. STREET AND NUMBER				BA	LTIMORE			T		1 📉 YES 2 🗌 NO
FUNERAL	505 S. FULTON	ΔVE			21223				10g. CITIZEN OF WHAT COUNTRY?		
NO.	11. MARITAL STATUS	12. WAS DECEDEN			IMED 13. WAS DECENDENT OF HISPANIC ORIGIN					USA 14. RACE	— American Indian,
B⊀	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	VES 2 AR OR DATES WWII-A		If yes, specify Cuban, Mexican, Puerto Rican, atc.)  1  YES 2  LNO Specify Specify Specify						, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(	Give kind of w	USUAL OCCUP	ITION most of working	16	b. KIND OF BU	ISINESS/IND	USTRY	
Ľ	Elementary/Secondary (0-12)	College (1-4 or 5+	)	e. Do NOT us							GD0D# G0
JM C	17. FATHER'S NAME (First, Middle, Last)			DI	SPATCH	ER 16. MOTHER'S N	_	_		TRAN	SPORT CO.
Ö	JOSEPH	1	PLATT					Milder, Malder	i sumame)	22	O' D'
) BE	19a. INFORMANT'S NAME (Type/Print)			9b. MAILING	ADDRESS (Stre	et and Number or Rura	NIE Route Nun	nber, City or Tov	vn, State, Zip		OWN
9	MRS. BEATRICE ST.	ARR		3021	FALLST	AFF RD, A	PT.10	04B, B	ALTO,	MD	21209
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	val from State	cometery, c	rematory or of	F DISPOSITION	8-2	-94°A	TE 20c. LC	OCATION —	City or Tox	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LOC	FNSERT //	MD V	ETERA	NS-GAR	RISON FOR	EST		WINGS	MIL	LS, MD
,	1.101/4	-11/				LEVINSO		BROS,	INC.		
- 4	Mysery L. N	una			60	LO REISTE	RSTO	NN RD.	BAT.T	IMOR	
	PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or heart fellure. List only one cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  o. Metostatic Cancor  Due to (or as a consequence of):										
	resulting in death)	DUE TO	OR AS A CONSI	EOUENCE OF	):			,	1 ,		1
Z	Sequentially list conditions to be concinoid himself of (R/middle line 106 & 1991										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									1	
FIC	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSI	EOUENCE OF	):						
E	resulting in death) LAST										
	PART II. Other eignificent conditions	contributing to	death but not	reculting I	n the underl	des seure stuss to	Daniel I	24e, WAS AP		T	
MEDICAL	The state of the s	contributing to	deeth but not	resuming i	i the under	ung ceuse given ii	i Part I.	PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
							_	1 TYES	2 NO		OF DEATH?
	DID TOBACCO USE	CONTRIBUTI	TO CA	USE OF	DEATH	YES   N	ОП				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITAL				PLACE OF DEATH (C	heck only o	ne)			
YSI	t TYES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Numing I	oma 5 🗆 Rasidenca	8 🗆 Oth	er (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, De		28b. TIMI INJI	JRY	INJURY AT WORK?  YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCC	URED	
	3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At h etc. (Specify)	oma, farm, a	treet, tectory, c	ffica	28t. LOI C/ty	CATION (Street or Town, State	and Number	or Rural R	oute Number,
LET	29a. CERTIFIER Check only	IAN: To the best of	my knowledge, d	leath occurre	d at the time, o	ets and place, and du	e in the ca	use(a) and me	nner se stete	и	
COMPL	anal b										and manner as stated.
BE C	296. SIGNATURE INDITITLE OF GENTIFIER	MI	>			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	E OF DEATH (IT	EM 27) /Sen-	Print)			_	7	731	17
	too Calou Ave	Belt	MO	2/1	225						
	31. DATE FILEO (Month, Day, Year)  AUG 0 41994	32 REGISTRA	R'S SIGNATURE								
											DHMH 16 Day 1000





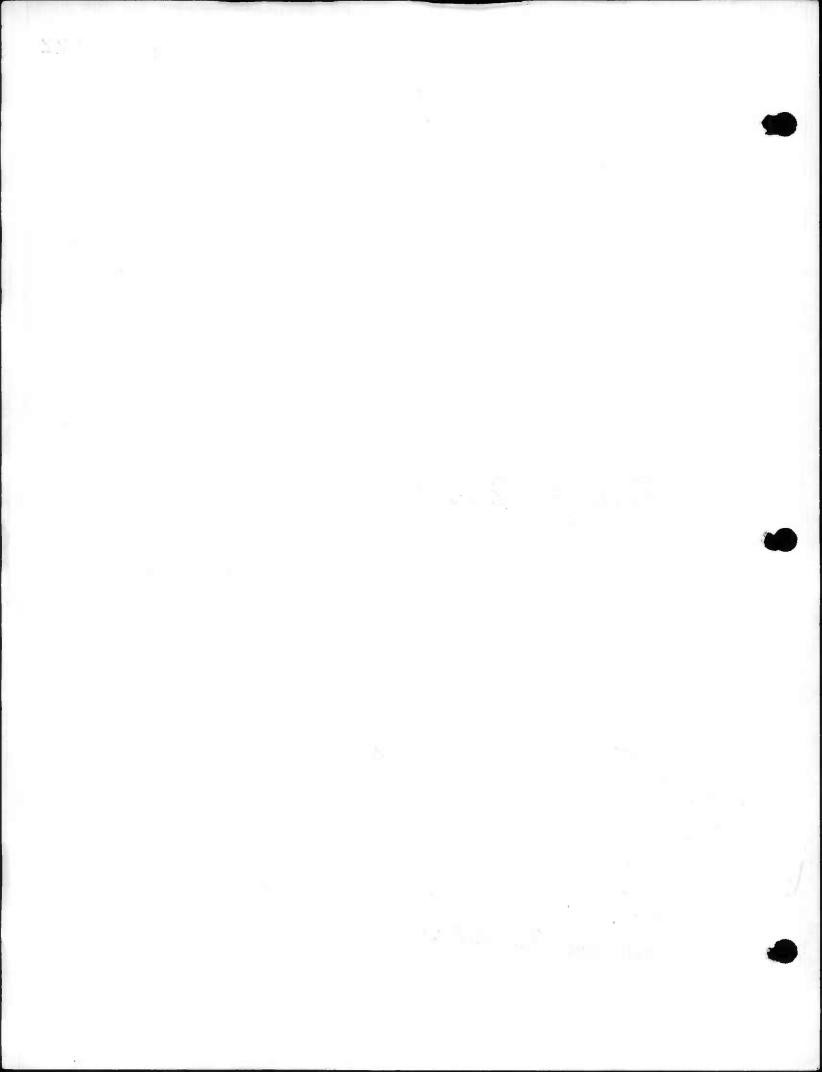
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TYSIUMN: The law requires that the uses ceruber white the control of the control
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TO BE COMPL

	FOR	STATE OF M	IARYLAND	/ NEPAR	TMENT	r ne H	EALTH AND	MENT	TAI HYGIEN	E			
1 -	. STATE REGISTRAR	OIAIL OI W	C	ERTIF	CATE	OF	DEATH	MEN	REG. NO				
1.	DECEDENT'S NAME (First, Middle, La: BEF	RTHA	Α.	RY	BC:	ZYN	SKI	2. D/ MO	TE OF DEATH		YEAR	3. TIME OF DEATH	P
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	sl birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH			HPLACE (State or Foreign	n
	220-54-6548	1 ☐ M 2🏋 F	97	YRS.	MONTHS	DAYS	HOURS MIN.	2	/13/189	7		land	
9a	. FACILITY NAME (If not institution, given	ve street and number)			9b. CITY	CITY, TOWN OR LOCATION OF CEATH					9c. COUNTY OF OEATH		
	1220 Tugwell	Drive	C	Catonsville					Baltimore				
	A. STATE 10b. COU			Las. om	. TOWAL	WN OR LOCATION					10d. INSIDE CITY		
	aryland							LIMI					
1	e. STREET AND NUMBER	Daltinoi	. C		Cati		. ZIP CODE	_		100 00	TIZEN OF I	1 TYES 2 NO	
10		D !				100				log. Ci			
	1220 Tugwell	Drive 12. WAS DECEDEN	T EVED IN II O A	DMED	142	WAS DEC	21228 ENDENT OF HISPA	NIC OR	CINIO (Casalle, Va	L	US		
1	Never Married 2   Married     Wildowed 4   Divorced	FORCES? 1 IF YES, GIVE W	YES 2X3	NO		If yes, sp	ecify Cuban, Mexic 2 NO Spec	an, Puer		or No-	No- 14. RACE - American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S E (Specify only highest gr	DUCATION		ECEDENT'S			ON et of working		18b. KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) #	e. Do NOT us	e retired.)	ourny mo	at or working						
	3rd.		F	Iomema	aker				dome	stic	:	,	
17.	FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N	AME (Fir	st, Middle, Malden	Sumame)			
	Julian Alek	sandrowicz	S				Ar	na	Marcink	iewi	.CZ		
19	a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street a	and Number or Rura	Route N	lumber, City or Tow	m, State, Z	ip Code)		
	Edward Ryb	czynski		328 5	5. Pa	atte	rson Pai	ck A	ve. Bal	timo	re,	Md. 21231	
20	a METHOD OF DISPOSITION  M Burlal 2 Cremation 3 A	emovel from State	20b. PLACE		SITION (N	ame of ce	metery, crematory or		20c. LC	CATION -	- City or To	own, State	
4	☐ Donation 5 ☐ Other (Specify) _		3.400	Holy			Cemetery						
21	. SIGNATURE OF FUNERAL SERVICE	LICENSEE	uli	6.			d J. Wel					Md. 21231	
1 2	3. PART I. Enter the discesses	o complications the	coursed the d	eath Do r				-				Approximata	_
IN	shock, or heert felfa AMEDIATE CAUSE (Finel	re. List only one ceu	se on each lin	e.	1	1		1 0	/			Interval Betw Onset end D	veer
	isease or condition	a		0	1	ite	Cered	Tal	Thron	No.	MU	-	
		DUE TO	(OR AS A CONSI	EOUENCE O	F):		: n.t	/	101.1.	.60	1.	2	
	equentially list conditions,	b	(OR AS A CONSI	FOLIENCE OF	D. A	one	eller	cake	tent	Ma	hon	w sys	
Sequentially list conditions, if eny, leading to immediate cause, Enter UNDERLYING							10,00						
CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):						1.90							
	euiting in death) LAST	41											
-		a											
P	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 HO  OF DEATH?												
												1 YES 2 NO	
25	S. WAS CASE REFERRED TO MEDICAL	L				26. P	LACE OF DEATH (	Check on	ly one)				-
	EXAMINER?	HOSPITAL:	FR/Outnation	3 [] DOA	OTHE	R:	ne 5 🗆 Residence						
27	MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. IN.	JURY AT	7	DESCRIBE HOW	INJURY O	CCURED		
1	1 Natural 5 Pending	(Month, D	Pay, Year)	IN	M	W	YES 2 NO						
11	2 Accident Investigati	28a, PLACE C	OF INJURY — AJ I	nome, farm,	street, fac			28f.	LOCATION (Street	and Numb	er or Rural	Route Number,	-

	12		
HIGHATURE AND TIPLE OF CERTIFIER  MCA	a m.a.	29c. LICENSE NUMBER	29d. DATE SIGNED (Morith, Day, Year)  8 2 94



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	1 - STATE OF M	ARYLAN			HEALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE	OF DEATH		3. TIME OF DEATH		
	Audrey Marie Robinson					MONTE /	/30/94	YEAR	M		
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. last birthday)	IF UNDER 1 YEA		7. DATE (	DE BIRTH	B. BIF	ITNPLACE (State or Foreign intry)		
	212-38-1957 1 M 2 DX F	55	YRS.	1222			1/18/38		altimore		
œ	99. FACILITY NAME (If not institution, give street and number) 5225 King Avenue			9b. CITY, TOW	N OR LOCATION OF D	EATN	9	c. COUNTY OF	The second secon		
6	RESIDENCE OF DECEDENT							Baltin	nore		
R	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?		
٥	Maryland Baltimore								1 TES 2 NO		
RAI	100. STREET AND NUMBER 5225 King Avenue				10f. ZIP CODE 21237		- 1	-	F WHAT COUNTRY?		
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.	S. ARMED	13 WAS	ECENDENT OF HISPA	NIC OBIGIN	? (Specify Vee or	US	OA  NCE — American Indian,		
	1 Never Merried 2 Married FORCES? t	YES 2	(X)NO	if yes	specify Cuban, Mexic ES 2 VNO Speci	en, Puerto R		BI	ack, White, etc.		
BY	3 Widowed 4 Divorced				X				Vhite		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during	TION most of working	16b.	KIND OF BUSIN	ESS/INDUSTRY	,		
Ӹ	Elementary/Secondary (0-12) College (1-4 or 5 + 12		Secreta			٦	country	Dlant	Store		
8	17. FATHER'S NAME (First, Middle, Last)		0001000	Ту	18. MOTNER'S N				2016		
BE C	Arthur Weinreich				Wilhel			,			
10 B	t9s. INFORMANT'S NAME (Type/Print)				et end Number or Rural	Route Numb	er, City or Town, S	State, Zip Code)			
F	Herbert H. Robinson		5225	King	Avenue B	altim	ore, Mo	1. 2123	37		
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State	20b. PL.	ACE AND DATE O	FDISPOSITION	(Name of	DATE		TION — City or			
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gar	dens of		cem. 8/2		Balt	imore	, Md.		
	Karan I	nl.			sahn Fune		ome				
	Cumpin rummal	(10)	me		1 Belair				21236		
	23. PART I. Enter the diseases, or complications that shock, or heert feliure. List only one ceut	caused th se on each	e death. Do n ilne.	ot enter the	mode of dying, au	ch aa card	lac or respirat	ory arreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition	Lific	Face	21-	0011000				Onset and Death		
ŀ	resulting in death) a. PIE(U)	OR AS A CO	INSEQUENCE OF		ancer				1 years		
z											
CERTIFICATION	if any, leeding to immediate	OR AS A CO	INSEQUENCE OF	7:							
<u>ই</u>	CAUSE (Disease or Injury	22.12.1.22									
ËΙ	that initiated events resulting in deeth) LAST	OR AS A CO	INSEQUENCE OF	7);					i		
E	d										
¥.	PART ii. Other aignificent conditions contributing to	deeth but	not reaulting i	n the underl	ring cause given in	Part i.	24a. WAS AN AU PERFORME		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
8						-	1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
W	DID TOBACCO USE CONTRIBUTE	TO C	ALISE OF	DEATH	YES   NO	) IM			1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	10 0			PLACE OF DEATH (C	A	-1				
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2	ER/Outpatie	nt 3 🗆 DOA	OTHER:	ome 5 KResidence						
Η̈́	27. MANNER OF DEATH 28e. DATE OF	INJURY	26b. TIM	E OF 28c.	INJURY AT	_	CRIBE HOW INJU	JRY OCCURED			
ВУР	1 Natural 5 Pending (Month, Da 2 Accident Investigation	y, rear)	INJ	M 1	WORK? YES 2 NO						
	3 Suicide 8 Could not be 28e. PLACE Of building,	INJURY — Hc. (Specify)	At home, ferm, s	treet, factory, c	ffice		ATION (Street end or Town, State)	Number or Run	al Route Number,		
	4 Nomicide determined						,				
7	29a. CERTIFIER (Check only one)										
COMPLETED	One) 2 MEDICAL EXAMINER: On the basic of ex	emination en	id/or investigation	n, in my opinio	n, death occured at the	e time, date	and place, end d	lue to the caus	e(e) end manner as stated.		
BEC	296. SIGNATURE/AND TITLE OF CERTIFIER	11-15			29c. LICENSE NU	UMBER 29d, DATE \$		9d, DATE SIGN	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO PLETE S	y my	WATER OF T	Defeat	DIS	>>4	4	× 8-	1-14		
					lda Sui+	e #10	7 (532-	3996)			
ĺ	Dr. Charles Padgett Good 31. DATE FILED (Month, Day, Year) 32 REGISTRAL	DIIIDC TTANDUS 8'F	LIUdii P	TOI. B	rug. Juit	G #10	, (332-	3330)			
	AUG 0 4 1994 Julia 32 REGISTRAI	Rada	L.								

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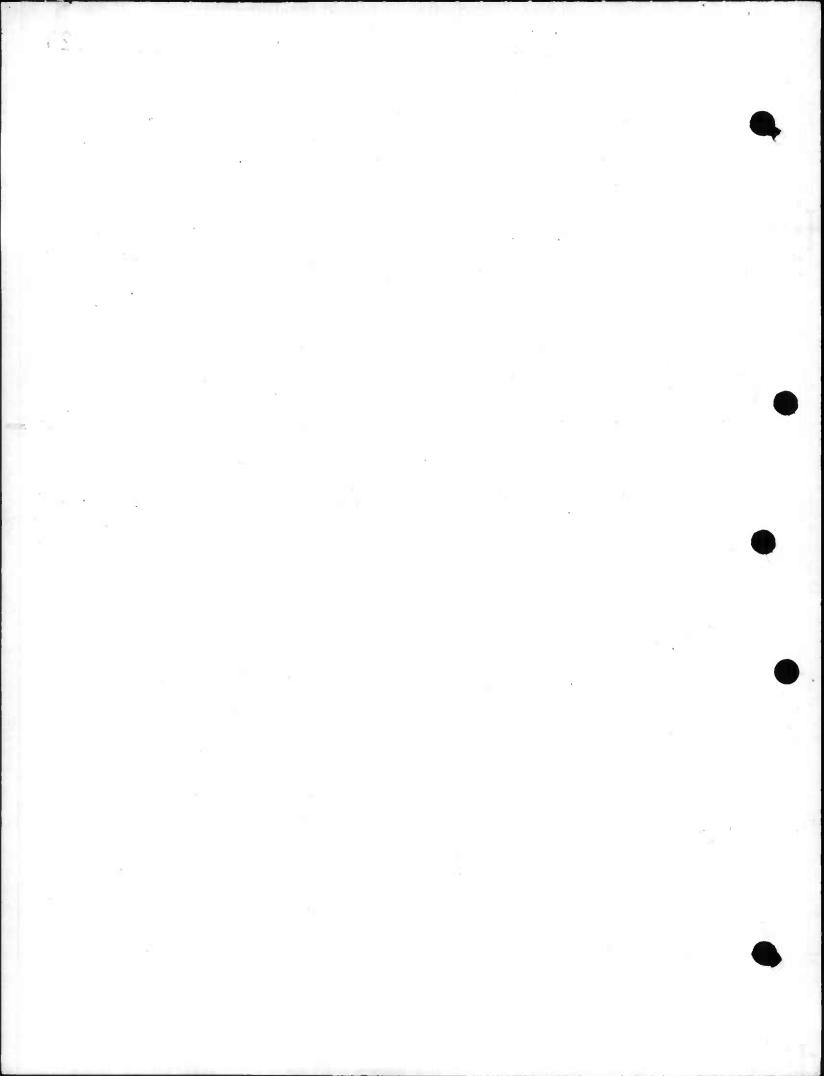
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OINIE OF MAIL		ICATE C			REG. NO.			
	1. DECEDENT'S NAME (FIRST, MICHOLO, L SAMUE	L SA	NDER				2. DATE OF DEATH MONTH DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 051-26-0153	1 💢 M 2 🗌 F	E (In yrs. last birthday) 61 YRS.	IF UNDER 1 YE		24 HRS, MIH.	7. DATE OF BIRTH (Morth, Day, Year) 3-30-1933		a, BIRTH Country	PLACE (State or Foreign
70R	9a. FACILITY NAME (If not institution, g NORTHWEST HOS			OR LOCATION		ATH		LTIM		
DIRECTOR	10a. STATE 10b. CO		10c. CI	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
	MD BAI		RANDA	LLSTOW					YES 2 NO	
FRA	100. STREET AND NUMBER  3434 CARRIAGE	HILL CIDCLE	מחוג		10f. ZIP CODE 211:					HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 V	IN U.S. ARMED	13. WAS	OECENOENT O	F HISPAN	IC ORIGIN? (Specify Yes			- American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	DATES OREAN		YES 2 NO				Specif		
TED	15. DECEDENT'S (Specify only highest of	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during		g	16b, KIND OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ESMAN			FURN	ITUR	E	
	17. FATHER'S NAME (First, Middle, Lest, ABRAHAM		AMDEDG	_			AE (First, Middle, Maiden	Surname)		
8	19a. INFORMANT'S NAME (Type/Print)		ANDERS 19b. MAILING	ADDRESS (Str		OF Purel R	oute Number, City or Town	Stem Zi	in Code)	07700
ᄋ	MRS. PAULINE S	SANDERS					r; APT.103			21133 LSTOWN, MD 2
	20a. METHOD OF DISPOSITION 1   Burial 2 □ Cremation 3 □ ( 4 □ Donation # □ Other (Specify)		Ob. PLACE AND DATE semetery, crematory or	ther plece)		8/2/	/94		City or To	, , , , , , , , , , , , , , , , , , , ,
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	MD VETER		RTSON E AND ADDRES			NGS .	MILLS	S, MD
	Hegeluly .	Stellinan					BROS, INC		MODE	_MD 21215
	g3 PART 1. Enter the diseeses, ahock, or heer/ fellu	or complications that causers. List only one cause on	ed the death. Do each line.	not enter the	mode of dyi	ng, suct	as cardiac or respin	ratory ar	reat,	Approximate Interval Between
										Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury thet initieted eventa reaulting in death) LAST	C. DUE TO (OR AS	S A CONSEQUENCE O	QUENCE OF):						
	PART ii. Other algnificant cond	tions contributing to death	but not regulting	in the under	ulaa sausa s	duna in i	Part i. 24s. WAS AN		100	
MEDICAL	CVA, A	20M.	- Dot Not legalting	m the under	ying cause g	Jiven III I	PERFORI	MEO?	240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 7 10
N.										
SICI	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 1 NO	HOSPITAL:	udnetient 3 🗆 004	OTHER:	PLACE OF DI					
PHYSICIAN: MEDI	27. MANNER OF OEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TI		INJURY AT WORK?	siderica	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OC	CURED	
à	1 Natural 5 Pending 2 Accident Investigati 3 Suicide 8 Could not	28a. PLACE OF INJU	RY At home, farm,		YES 2	NO	281. LOCATION (Street a	nd Numbe	r or Aural F	loute Number.
E	4 Homicide 8 Could not detarmine	building, atc. (S	pecify)				City or Town, State)	-711.7		
COMPLETED		HYSICIAN: To the best of my kn MINER: On the besis of examine								) and manner as stated.
TO BE	29b, SIGNATURE AND TITLE OF CERT	un Aly	2		29c. LICE	37	333	29d. DAT	TE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON	AN MO	(D3	733	) NI	HC	, BALTO	·W	02	1133
31. DATE FILEO (Mooth, Dev. Vee) 4. 1994										



ED BY PHYSICIAN: MEDICAL

COMPLE

BE 5 3 Sulcide

4 Homicide

									9	l <sub>4</sub>	22925	
	FOR 1 - STATE REGISTRAR	STATE OF MARY			MENT OF H			YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	John	Sho1	ton			2. DATE OF C		Y 0.7	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		94		8:40 A.	M
	084-54-1820	1 № M 2 🗆 F	33	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day		Ω	New	PLACE (State or Foreign YORK	
TOR	18 B Kings Cro	ssing	_	9		or location of de ckevsvi			9c. COU	NTY OF D	EATH	
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			40 - 04794 1								
DIRECTOR	MD. Ba	ltimore		10c. CITY, 1	COCK	eysvill	.e				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO	*
FUNERAL	18 B. Kings Cr	ossing			101	. ZIP CODE	1030		10g. CIT		VHAT COUNTRY?	
Z I	11. MARITAL STATUS	12. WAS DECEDENT EVE	O IN 11 C A CO	450	T 40 1110 000				U.S		_	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? TYES 2 NO			If yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)  1  YES 2 NO Specify:			or No—	14. RACE — American Indian, Black, White, stc.  Specify: Black		
	15. DECEDENT'S EDU	CATION	16e. DEC	CEDENT'S US	UAL OCCUPATION	ON .	16b. KIN	D OF BUS	INESS/INC	DUSTRY	Diack	_
E	(Give kind of work done during most of working life. Do NOT use retired.)											
COMPLETED	12th	2yrs.	AD	M. As	sst.		F	an	d D.	•		
BE CO	17. FATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Maiden Surname)  Lee Beckerman											
10	190. INFORMANT'S NAME (Type/Print) Keith Smith		196	L8 B	Kings	nd Number or Rural F	ng Co	ckes	, Stata, Ziç 7SVİ	11e	, MD.2103	0
	20g. METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval Irom State	cemetery, cren	PLACE AND DATE OF DISPOSITION (Name of DATE Owingsmil arrison Forest Vet. Cem.					1s, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				D ADDRESS OF FAC	CILITY	170	1 0-	7		
	Doutha	Hector	CFSP		وللوبا	Phillip	s F/H	Bal:	to.	MD.	Monroe St 21217	-
- 1	23. PART I. Enter the diseases, or conshock, Dr heart fallure.	complications that ceu List only one ceuse or	sed the dea	eth. Do not	enter the mo	de of dying, suci	ss cerdiec	or respir	atory an	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	0	-	Sopo	10						Onset and Desth	
	resulting in death)	OUE TO (OR A	S A CONSEO	UENCE OF):		- 10/1			1001	-0		-
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	IS A CONSEQ	UENCE OF):	much	rodefi	aenc	43	gn.	acce	me	_
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR A	A CONSEO	UENCE OF):								
ਹ ∥												

PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Ulces

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE UF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

26. PLACE OF DEATH (Check only one)

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | OTHER DOA Residence 6 - Other (Specify)

27. MANNER OF DEATH

1 Netural 5
2 Accident

26a. DATE OF INJURY (Month, Day, Year) Pending Investigation

28c. INJURY AT WORK? 26b. TIME OF INJURY 1 YES 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 2 NO

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner se stated.

r investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated.

296. SIGNATURE AND TITLE OF CERTIFIE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
AUG 0 41994

8 Could not be

32. REGISTRAR'S SIGNATURE

DALLINONE, MANICAND 21213-0021	the hospital or attending physi	detached for use as the buria
בעעו	retained by	5 should be
LIMONE,	eath. Page 6 may be	uneral director, page
2	ours after d	filled in by the tion, or removal.
TE TECONOS, F.O. DON GOLOG,	e law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physic	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

permit. Pages 1, 2, 3 should

the burial-transit

FUNERAL DIRECTOR

BY

COMPLETED

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once. 2 福 BE ( notified

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examiner

the medical

shows any Injury, or other traumatic event, CERTIFICATION

MEDICAL

COMPLETED BY PHYSICIAN:

BE

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CAUSE (Disesse or injury

that initiated events resulting in dasth) LAST

4 🗌 Homicide

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	0	ā	ğ	2
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	TO THE HOSPITAL OR ATT NIDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: Mediting certificate has been signed by the attending physician and comp	2	IMPORTANT: If Item 28 marked, or Item 23 shows any Injury, or other traumatic eve

REGISTRAR				CE	RTIFIC	ATE OI	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)					2	+ 4	2. DATE OF				3. TIME (	OF DEATH
Margaret	E	lizabeth				Tru	utt	MONTH	4 2		994	15	20
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (	in yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIATH		8. BIRTI	HPLACE (SI	ete or Foreign
506-14-602	8	1 □ M 2 🛣 F		74	YRS.	THE DAYS	HOURS MIN.	3/30	71920		Neb	raska	a
9a. FACILITY NAME (If not in	nstitution, give st	reet end number)			9b.	CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF D	EATH	
PENINSULA I		AL MEDICA	L CE	ENTE	₹	SAL	ISBURY			W:	ICOM	ICO	
RESIDENCE OF DEC													
10a. STATE	10b. COUNTY				10c. CITY, TO	OWN OR LOC	ATION					10d. INSI	
Delaware	Suss	ex			Georg	etown							S 2 ZXNO
10e. STREET AND NUMBER						-1	of. ZIP CODE			10g. CIT	IZEN OF	WHAT COU	NTRY?
R.D. 5 Box	119						19947			U	SA		
11. MARITAL STATUS		12. WAS DECEDEN				13. WAS DE	CENDENT OF HISPA	NIC ORIGIN?	Specify Yes	or No-		E — Amaric	
1 Never Married 2 X		FORCES? 1 IF YES, GIVE W			0		specify Cuban, Mexica S 2 K NO Specif		an, atc.)		Spec	k, White, e	
3 Widowed 4 Dive	orced							,			Gpec	Wh:	ite
15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)			CEDENT'S USU			16b. K	IND OF BUS	SINESS/INI	DUSTRY		
Elementary/Secondary (I	0-12)	College (1-4 or 5+	)	life.	Do NOT use ret	tired.)							
8				pou	ltry g	rower		po	ultry	ind	ustr	У	
17. FATHER'S NAME (First, A	fiddle, Last)						18. MOTHER'S NA	ME (First, Mid	die, Maiden	Sumame)			
Carl Peter	son						Elizabe	th Ja	cobs				
19e. INFORMANT'S NAME (	Type/Print)			19b	MAILING ADI	DRESS (Street	end Number or Rural	Route Number,	City or Town	n, State, Zij	p Code)		
Ira R. Tru	itt			R	.D. 5	Box 1	19, Georg	getown	, Del	awar	e 1	9947	
20e. METHOD OF DISPOSIT			20b	PLACEA	ND DATE OF D	SPOSITION /	Name of	DATE	20c. LO	CATION -	City or To	own, State	
4 Donation 5 Other		Stan from State	. C	etery, crer arey	s Cem	etery	8/3	1994	Mi1	1sbo	ro,	Dela	ware
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					AND ADDRESS OF FA						
Leckar	1-	· Wate	2010	)		Watso	n Funeral	Home	, Mil	lsbo	ro,	Del.	19966
23. PART I, Enter the d shock, pr h	iseases, or d	omplications that List only one cau	csused se pn a	the dec	eth. Do not	enter the m	node of dying, suc	h ss cardie	c or respi	ratory sr	reat,		proximats ervai Betwee
IMMEDIATE CAUSE (Fit	nei	~ ·		^	/								set and Daa
disesse or condition resulting in dasth)	<b>→</b> .	Perit	ing	h3	Seps	15						12	O Das
to a state of the		DUE TO	OR AS A	CONSEC	UENCE OF):							1	
		pert	010	real	a.	Jole	nol 1	005				12	2 dans
Sequentisity list condit	iona,	DIJE TO	(00 40 4	CONCEC	HENOE OF		(-/- 0	UC1				- 1	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

(cercer

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 - YES 2 1 NO

1 TES 2 700

Approximate interval Between **Onset and Death** 20 Jays

3 MOS

	NED TO MEDICAL			20. PLACE OF DEATH (C)	neck only one)			
EXAMINER?	10	HOSPITAL: 1 Propertient 2 ER/Outpettent 3	DOA 4 N	ER: ursing Home 5 - Residence	ince 8 Other (Specify)			
MANNER OF DEAT  Natural  Accident	H 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Sulcide	6 Could not be	26e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, lerm, atreet, le	ectory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

29e. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN:	To the best of my knowledg	e, deeth occurred at the time	a, date end place, en	d due to the cause(s) end ma	inner as stated.
opel						

2	MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the ceuse(s) and manner se stated.

Daid C. Celligan, UD.	29c. LICENSE NUMBER  5 44688	29d. DATE SIGNED (Month, Day, Year) 7/29/84

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF PERSON

560 Riverside Dr., Sv. je A206, Salisbury, MO 21801 raan, UD

Jahr Witerton Review

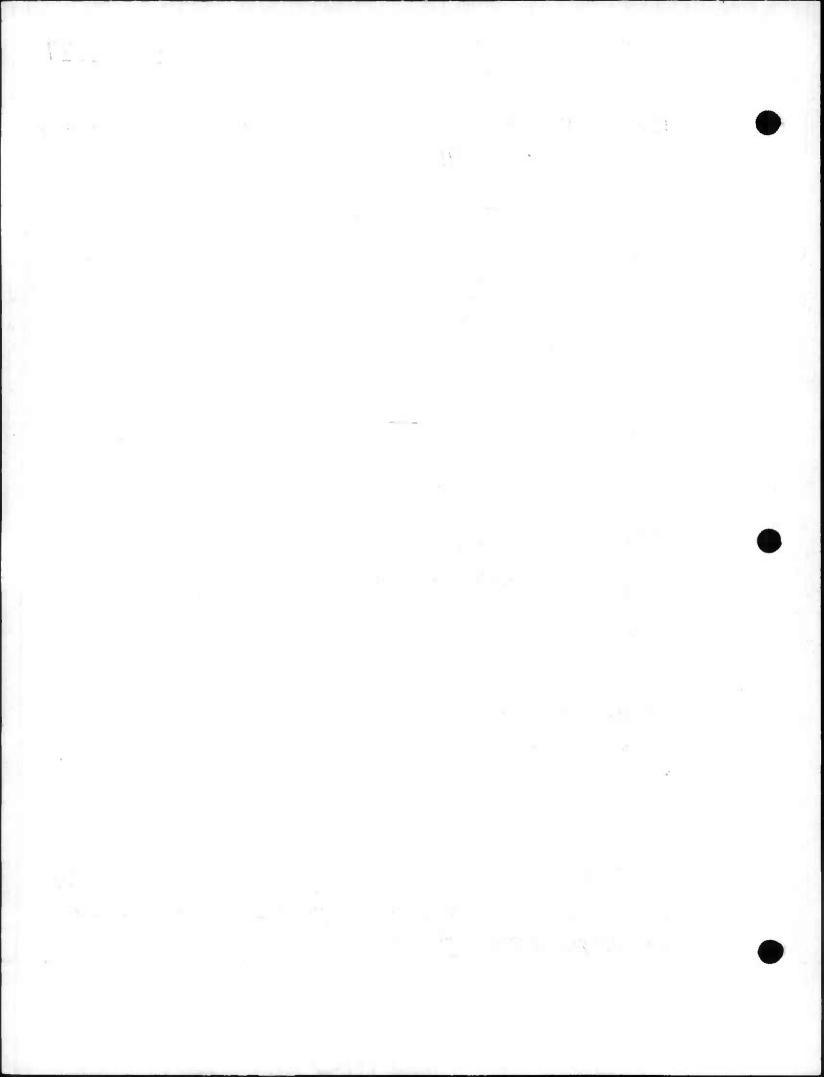
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

W.h.Per

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	-		CI	ERTIF	ICATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Midden TSADOR -		RRELL Isa	ador	B. Ter	rrell		MONTI	OF DEATH	<u>ک</u>	EAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	1 5		E (In yrs. las				07		9 199	IT	8:40 p
ŝ	218-36-1998		1 € M 2 □ F	a (in yrs. ias	YRS.	MONTHS DAY		(Month	OF BIRTN , Day, Year)	_	Country)	ACE (State or Foreign
		on, aive s		71_	- 11.0	Sh CITY TO	VN OR LOCATION OF D		17-190	9c. COUNTY	MD	TAI
	as. FACILITY NAME (If not institution, give street and number)  SINAI HOSPITAL						LTIMORE	CAIN		9c. COUNTY	OF DEA	in
	RESIDENCE OF DECED	ENT				סמ	BITTORE					
		10b. COUNTY				Y, TOWN OR LO					11	Od. INSIDE CITY
- 1	MD	BA	LTIMORE			BALT	IMORE					☐ YES 2 📉 NO
1	100. STREET AND NUMBER 725 MT. WILSON LANE, APT. 526						10f. ZIP CODE	200		10g. CITIZEN	I OF WH	AT COUNTRY?
	11. MARITAL STATUS	SOIN	12. WAS DECEDENT EVER		nutio.			208			USA	
	1 Never Married 2 Marri	ed	FORCES? 1 YES	S 2 1	NO	If yes	DECENDENT OF HISPA , specify Cuban, Maxico	an, Puarto I		or No.— 14.	Black, \	- American Indian, White, etc.
ł	3 Widowed 4 Divorced		IF YES, GIVE WAN ON	DAIES		''	YES 2 NO Specif	iy:			Specify:	WHITE
	15. DECEDEN (Specify only high			16a. DE	ECEDENT'S	USUAL OCCUP	ATION most of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	71112.2.2.3
	Elementary/Secondary (0-12)	1	College (1-4 or 5+)	life	. Do NOT us	se retired.)	most or working					
			5+	5	SECUR	ITIES	BROKER		FIN	IANCIAI		
	17. FATHER'S NAME (First, Middle,	Lest)					18. MOTNER'S NA		Aiddle, Maiden	Surname)		
1	MORDECAI  19a. INFORMANT'S NAME (Type/P)		TERLI'				FANN					EVSKY
2	MR. HENRY S		ים מכיני ד	19	5174		eet and Number or Rural		-			
	20a. METHOD OF DISPOSITION	<u> 1.C</u>		Oh PLACE		OF DISPOSITION	DALE RD, I	DAT	7	CATION — City	316	Cinto
	1 Burial 2 Cremation 3 4 Donation 5 Other (Spec		ovel from State	emetery, cre	ematory or ot	ther place)		1				
	21. SIGNATURE OF FUNERAL SE		CENSEE	ARLIN	MC-LOIN	22. NAM	E AND ADDRESS OF FA	ACILITY		TIMORE	<u>е, м</u>	D
	> SIAH	6"	WI. CX	4/2			L LEVINSON					
	23. PART I. Enter the disease	ea or	complications that cause	ad the de	noth Do o	601	O REISTERS	STOWN	RD, E	BALTIMO	DRE,	
	ahock, or heart	failure.	List Dniy Dna cause Dn	each line	D.	ibt enter tha	mode of dying, add	on wa care	nac or respi	ratory arrest	iş	Approximata interval Between
	disease or condition										Onset and Daat	
1	resulting in death)		DUE TO (OR AS		QUENCE OF	F):						-
	RENAL FAILURE											
	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
	CAUSE (Disease or injury											
	that initiated events  OUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST											
	d.											
	PART ii. Other aignificent co	ondition	na contributing to death	but not i	resulting i	in the under	ying ceuse given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
DICAL									1 TES 2		0	OMPLETION OF CAUSE OF DEATH?
												YES 2 NO
	DID TOBACCO	USE	CONTRIBUTE TO	D CAL	JSE O	F DEATH	YES N	0 🗆				
SICIAN	25. WAS CASE REFERRED TO ME EXAMINER?	DICAL	HOSPITAL:			OTHER:	. PLACE OF DEATN (CI	heck only on	e)			
2	1 TYES 2 NO		1 X Inpatiant 2 - ER/Ou	utpatiant 3	□ DOA		Home 5 - Realdence	6 🗆 Othe	(Specify)			
	27. MANNER OF DEATN 1  M Netural 5 □ Pend	ina	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM	URY	INJURY AT WORK?	28d. DES	CRIBE NOW I	NJURY OCCUR	ED	
	2 Accident Inves	tigation	On BLACE OF IN HE	PM 44 1			YES 2 NO					
3		not be	28e. PLACE OF INJUF building, atc. (Sp	HY — At ho	ome, ferm, s	street, factory,	office	28f, LOC City	ATION (Street of Town, State)	and Number or	Rural Rou	ite Number,
1	29a. CERTIFIER											
COMPL	(Check only		ICIAN: To the best of my kno									
3			R: On the basis of examinat									
님	296. SIGNATURE AND TITLE OF C		MO				29c. LICENSE NU	MBER		29d. DATE S	IGNED (N	fonth, Day, Year)
۱	30. NAME AND ADDRESS OF PER		O COMPLETED CAUSE OF D	DEATH ATE	M 27) /5	Print)		_		- 500	-1/-	27174
	DR. BORRA		O COMPLETED CAUSE OF C	401	111F	CTBI	TUFNED	FAI	E R	AITINA	ne=	Mn
	31. DATE FILED (Month, Day, Year)	<del>-</del>	32. REGISTRAR'S SIG	ATURE 4	100	0 4	DI DUDEN	_ //W	, 0			,100
	JULY /29/91	IIG I	04.1994 9	alu d	Murcles	rtardal						
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Pages 1, 2, 3 permit. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. at notified pe must examiner medical 6 cremation, the event. executed with prior to burial, traumatic and the attending physician in Mental Hygiene prior to other 0 this certificate has been signed by with the State Dept. of Health and any Shows HOSPITAL OR ATTENDING PHYSICIAN: The law 23 0 the marked, After L DIRECTOR: A hours after d 49 28 item ; FUNERAL WITHIN 72 h MPORTANT: 11 불물 223

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MANDUROLL

32. REGISTRAR'S SIGN

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CROCSAN

AUG 0 4 1994

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1150 Jack Whitehead Μ. August 19 94 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS (Month, Day, Year) 9/23/44 233-76-4664 15/25M 2 | F 49 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2218 Monocacy Road Essex Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 TYPE KON NO 104 STREET AND NUMBER FUNERAL 10t. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2218 Monocacy Road 21221 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WITH OR DATES 11 MARITAL STATUS 14. RACE - American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Ri 1 Never Married 2 🕅 Married BY Specify 3 Widowed 4 Divorced Vietnam White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 166, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Serviceman Elementary/Secondary (0-12) College (1-4 or 5 +) 12 United States Army Military 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Whitehead Jack Buckland BE Una 19a. INFORMANT'S NAME (Type/Print) P.O. 755 Stedman North Carolina 28391 2 Diana Martin METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 8/3/974 Cem. 20c. LOCATION - City or Town, Stata Burial 2 Cremation 3 Ramoval from State Garrison Forest V.A. Baltimore County Md Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. eners 1407 Old Eastern Ave. Balt. Md.2122 23. ART I. Enter the disesses, or co. that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert fallure. use on each line. Interval Between Oneat and Death IMMEDIATE CAUSE (Finel disesse or condition mye) candra resulting in death) CE OF CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 - YES 2 10 coton 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 Mesidence 6 ☐ Other (Specify) Inpetiant 2 - ER/Outpetiant 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY A' WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending 1 YES 2 NO В Investigation 26a. PLACE OF INJURY — Al home, farm, streat, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIF BE 29 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 207632 J. Cussan Donoran

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAR JACIE L WALKER 1994 aM 08 6:40 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTIN (Month, Day, Year) DEC.8,1910 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign DAYS HOUSE XX<sup>M 2</sup> F 83 220-09-0307 ARKANSAS death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR GFEATER BALTIMORE MEDICAL CENTER BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE (GLEN BURNIE) 1 YES XX NO FUNERAL 10- STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 189 MOUNTAIN ROAD 21060 UNITED STATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XXO Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black. White, alc. 1 Never Married 2 Merried
3 Windowed 4 Divorced В BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) n/a LABORER n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) **GEORGE** SAMUEL WALKER CARRIE WARE THE ST BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AVENUE, PASADENA, MARYLAND 21122 PAULINE **GEORGE** 113 MARGARET pe 20e. METHOD OF DISPOSITION

XX Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Donation 5 Other (Specify) PARK MEMORTAL. RANDALLSTOWN, MD examiner OF FUNERAL SERVICE LICENSEE 21 SIGNATUR 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH AVENUE n by the removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, in by ahock, or heart failure. List only one cause on each line. interval Between 6 filled **IMMEDIATE CAUSE (Final** Onset and Death cremation, event, the disease or condition Lardesfulmonary arest pletely resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Intracional Hemorilas. and corr traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 if any, leading to immediate cause. Enter UNDERLYING prior other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 the atter Mental PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and and PERFORMED? WAILABLE PRIOR TO any COMPLETION OF CAUSE signed Health a 1 YES 2 NO DF DEATH? Shows 1 - YES 2 - 10 Deen of PHYSICIAN: Dept. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) State EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 10 the 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. with ( 1 Natural
2 Accident 5 Panding Investigation м A(A MIA NIS 1 YES 2 NO 8 After t 28e. PLACE OF INJURY — At home, farm, streel, factory, office building. atc. (Specify) 60 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: hours after COMPLETED 28 4 Homicide Item Tem 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beels of exam nination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 8626€ Q 301 Q0 rui ou. a 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 4569 N Charlo Davis Resinald Java Dunier Land 31. DATE FILED (Month, Day, Year) AUG 0 4 1994

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Abours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MENTAI	HYGIEN	E		
į	1. DECEDENT'S NAME (First, Middle, Lest) THOMAS M	. ZAMENSKI				MONTE	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 20-12-6908A	1 📉 M 2 🗆 F		IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 1, Day, Year) 7-4-2	1	Country	PLACE (State or Foreign V) LAND
ОВ	98. FACILITY NAME (If not institution, give s 19 N. KRESSON S	STREET		BALT	OR LOCATION OF DI LMORE	EATH		9c. COUNT	Y OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  10b. COUNT	Y	10c. CITY, BAL	TOWN OR LOCATION	TION					10d. INSIDE CITY LIMITS? 1  YES 2  NO
FUNERAL	106. STREET AND NUMBER 19 N. KRESSON S	STREET		1	21224			10g. CITIZE		HAT COUNTRY?
à	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	It yes, s	CENDENT OF HISPAI pecity Cuban, Maxica S 2 NO Specif	in, Puerlo 1	? (Specify Yes Rican, etc.)		4. RACE Black Speci	— American Indian, , White, atc. ly: ITE
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION	16a, DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m retired.)	ION ost of working		KIND OF BUS			
	9 YEARS  17. FATHER'S NAME (First, Middle, Lest)  WILLIAM ZAMET	NSKT	TRUCK D	KIVEK	18. MOTHER'S NA	ME (First, A	Aiddle, Maiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. BARBARA WA		19b. MAILING A	DDRESS (Street KRES	and Number or Rural SON STR	Floute Numl	oer, City or Town	n, State, Zip C	ode) 2	1224
	20a_METHOD OF DISPOSITION 1		PLACE AND DATE OF			8-3	BAL	TO.		wn, Slate
	21. SIGNATURE OF FUNERAL SERVICE LIG	Adesur	uski	1201	ÖRÖWSKÍ DUNDALI	K AV	ENUE	BALT		MD. 21224
	23. PART I. Enter the disease, or shock, or heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Lun	d the death. Do no nech lina.		ode of dying, suc	th as card	liec or reapi	retory arres	nt,	Approximate interval Batween Onset and Death
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE OF):							
MEDICAL C	PART II. Other algorificent condition	s contributing to daeth t	out not reaulting in	the underlyle	ng cause given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_		1 TYES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER:	ne 5 Ansidence					
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK?		CRIBE HOW II	JURY OCCU	RED	
2	1 Natural 5 Pending Investigation			M 1 🗆	YES 2 NO					
2	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, atc. (Spe	f — At home, farm, str cify)	eet, tactory, off	ca .		ATION (Street a or Town, State)	ind Number or	r Runal R	oute Number,
COMPLEI		CIAN: To the best of my know								and manner as stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIE	trkung, h	. A		DO 95			29d, DATE 5	BIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F		EASTER,	N 1	UE.		) (:	124
	31. DATE FILED (MONT) ON YOUR AUG 0 419	94" Julia Main	Dor Revell							

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TO THE HOSPITAL OR WITCH HE CORDS, P.O. BOX 68760

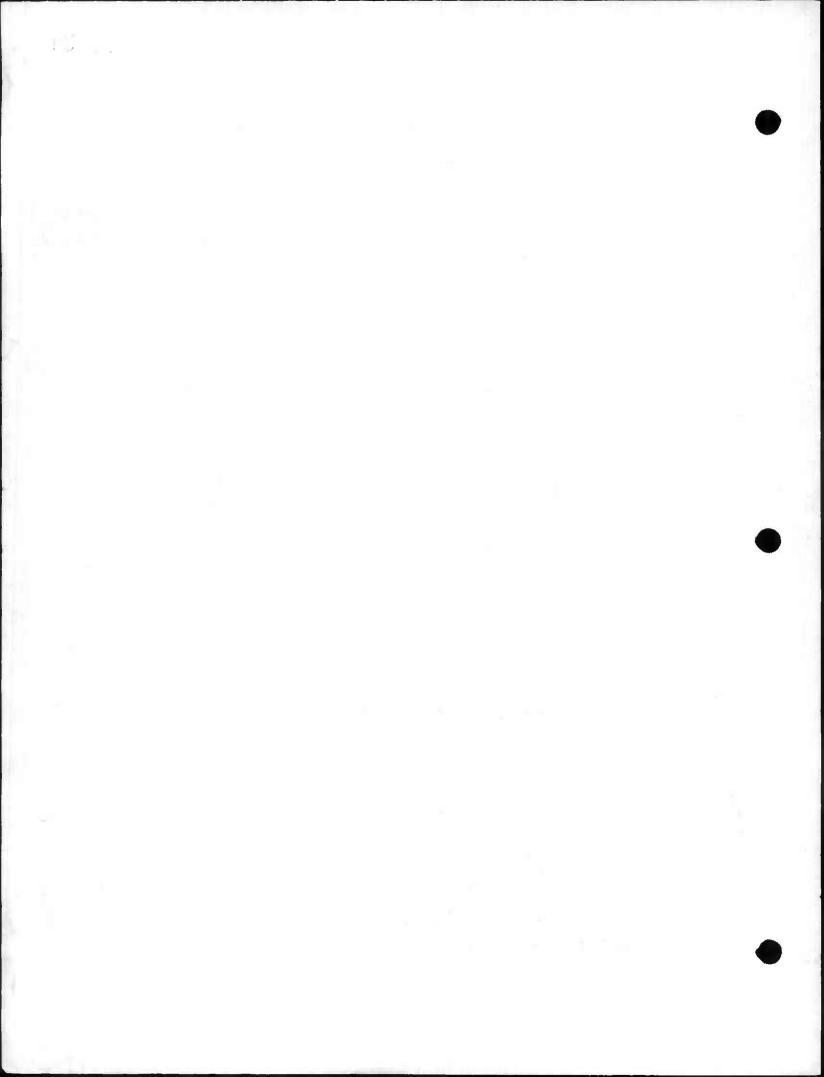
TO THE HOSPITAL OR WITCH HE CORDS.

TO THE HOSPITAL OR WITCH HE CORDS.

TO THE FUNETAL MECTOR: Any ris certificate by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 four page 1.2.1 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 four page 1.2.1 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 four page 1.2.1 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 four page 1.2.1 should be fined within 72 four page 1.2.1 should be fined by the state burial-transit permit. Pages 1, 2, 3 should be fined within 72 four page 1.2.1 should be fined by the state burial-transit permit. Pages 1, 2, 3 should be fined within 72 four page 1.2.1 should be fined by the state burial-transit permit. Pages 1, 2, 3 should be fined by the state burial-transit permit. Pages 1, 2, 3 should be fined by the state burial-transit permit. Pages 1, 2, 3 should be fined by the state burial-transit permit. Pages 1, 2, 3 should be set to be stated by the state burial-transit permit. Pages 1, 2, 3 should be set to be set t

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  Margaret A.	Bino		2. DATE OF DEATH DAY	YEAR 9. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 415-32-6770 1□ M 2 № F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTINPLACE (State or Foreign Country)			
стов	Sinai Hospital	9c. COUNTY OF DEATH						
5	10a. STATE 10b. COUNTY	44. 000						
- DIRE	Md		alto		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	5609 Wayne Ave		101. ZIP CODE 2/20	7	10g. CITIZEN OF WHAT COUNTRY?			
BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  1 12. Was DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF NISPAI If yes, specify Cuben, Mexico 1 YES 2 NO Specif	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify:			
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor	k done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY			
once.	Elementary/Secondary (0-12) College (1-4 or 5 +)  17. FATNER'S NAME (First, Middle, Last)							
ed at on	Barry Lawson		10. MOTHER'S NA	ME (First, Middle, Majden Su	T.			
be notified at once.  TO BE COM	JOUCE Ann Bono	5300	N.E. 24 T.	Poute Number, City or Town, EVUCE F1	State, Zip Code) 33308 Lauthendale F/			
must b	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF cometer demeters of the		DATE 20c. LOCA	TION — City or Town, State			
medical examiner must	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22 NAME AND ADDRESS OF FA	1- West	0 1			
<u>e</u>	and the state of t		9300	Waster	in the			
	23. PART I. Enfer the diseases, or complications that or shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition reaulting in death)	AS A CONSEQUENCE OF):	enter the mode or dying, auc	n as cardac or reapira	tory arrest, Approximate interval Between Onset and Daath			
ry, or other traumatic event, CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
3 .	PART II. Other algnificant conditions contributing to de	ath but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AL PERFORM				
shows any inj				1 TYES 2	COMPLETION OF CAUSE			
S A	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL		DEATH YES N	eck only one)	`			
SICI/	EXAMINER?  1 YES 2 NO  1 Inpution 2 EF		THER:	6 Other (Specify)				
PHY	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJ (Month, Day, 1)	URY 28b. TIME (	OF 28c, INJURY AT	28d. DESCRIBE NOW INJ	URY OCCURED			
VE 15 19 mg/	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined 28e. PLACE OF IN building, etc.	JURY — At home, ferm, stre (Specify)	net, factory, office	281. LOCATION (Street end City or Town, State)	1 Number or Rural Route Number,			
0	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam							
S AT		mation endor investigation,			sue to the cause(e) and manner so stated.			
TO BE COM		10	29c. LICENSE NU	MBER	Pod. DATE SIGNEO (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	CH, DI	int)					
	AUG 0 5 1994 Jaly Warr	SIGNATURE						
		3			DHMH-16 Rev 1/89			



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BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. The tuneral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should loval.	Control of Control Con
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OF ATTENDIA PHYSICIAN: The law requires that the death cartificate be executed within a four start death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL PHER	TO BE COMBI ETER BY BUYCLOIM, MEDICAL OFFITIENTION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IEN
		C	ERTIFICATE	O	F DEAT	TH		DEG	NO

_	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)	REG. NO.	
	Bertha Harris Banks	2. DATE OF OEATH DAY	YEAR 3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24		B. BIRTHPLACE (State or Forei Country)
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION	7/14/17 OF DEATH 9c	COUNTY OF DEATH
TOR	Denton Balto		mD.
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY LIMITS?
	Mary and City Baltimere 101. ZIP CODE	100	1 N YES 2 □ N
FUNERAL	1904 W. Lafayette Avenue 2121		USA
BY	THE SECTION OF SECTION	dispanic Officin? (Specify Yes or N Maxican, Puerto Rican, etc.) Specify:	14. RACE — American Indian Black, White, etc.  Specify: B/aux
TED	15. OECEDENT'S EOUCATION (Specify only highest grade completed)  (Specify only highest grade completed) (Idea before skind of work done during most of working life. Do NOT use retired,)	16b. KIND OF BUSINES	SS/INDUSTRY
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)		
	17. FATHER'S NAME (First, Middin, Lest)  18. MOTHER  19. MCCHE  19	R'S NAME (First, Middle, Maiden Surne	ame)
TO BE	19a. (NFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or	Rural Route Number City or Town, Ste	nte, Zip Code)
F	Margaret Fauntlerry 460 Watty Cou	rt Baltur	d 21201
	20b. METHOD OF OISPOSITION   2 Cremation 3 Removel from State   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF DISPOSITION (Name of cemelog), crematory of other place)   20b. Place AND DATE OF D	ery Slogy Course	n Spring Va
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS	H. West	1
	23. PAB71. Enter the diseases, or complications that caused the death. Do not enter the mode of dying	00 Wabash	the
	shock, or heart failure. List only one cause on each line.	, such as caldide of lospitato	ry arrest, Approximat interval Bet Onset and
	resulting in death)  a. UROSEPSIS  DUE TO (OR AS A CONSEQUENCE OF):		I WEE
Z			
ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		
CER	d		
SAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give INFECTED NECURATUS ULCEN DIAMSTIFE	PERFORMED	AMAILABLE PRIOR TO
MEDIC	INFECTED DECUSATUS ULCER DIABETES MELLITUS, SEVERE ANEMIA	1 TYES 2	OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA	TH (Check only one)	
PHYSICIAN:	EXAMINER?  1 YES 2 NO THER:  1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Resid		
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  M  1 YES 2	28d, DESCRIBE HOW INJUR	Y OCCUREO
D BY	2 Naccident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		lumber or Rurel Route Number,
ETE	4 Homicide detarmined		
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, as (Check only one)  2  MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred		
ш	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENS	E NUMBER 290	I. DATE SIGNEO (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)  BRIAN C. WALLACE, WID, 611 S. CHAR	31136	Bubust 1, 159
	BRIAN C. WALLACE MID 611 S. CHAR	USS ST. BAR	TIMORE MD
	31. DATE AUG 101501994 Jacob Secretaris Signatures		

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TO TAE HOSPAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four siter death. Page 6 may be retained by the hospital or attending physician.

TO TAE CLUREAL DESCRIPTS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled when filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE 0	F MARYLAND / DEPARTMEI CERTIFICAT	NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE A. BAR	ISDALE		2. DATE OF DEATH DAY	994 0650 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 0	F OO YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street end number  ST HUNES  RESIDENCE OF DECEDENT	spital E	TY, TOWN OR LOCATION OF DE		HUNTY OF DEATH
DIRECTOR	106. STATE 10b. COUNTY	10c. CHTY, TOWN			10d. INSIDE CITY LIMITS?  1 YES 2 \( \text{NO}\) NO
FUNERAL	100. STREET AND NUMBER  807 Edmonds		101. ZIP CODE 2/2/7		TIZEN OF WHAT COUNTRY?
ΒY	1 Never Merried 2 Merried FORCES?	DENT EVER IN U.S. ARMED  1 YES 2 NO VE WAR OR DATES	3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify		14. RACE — American Indien, Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	life Do NOT use retired	ne during most of working	16b. KIND OF BUSINESS/IF	NDUSTRY
BE COMI	17. FATHER'S NAME (First, Mickelle, Last) Edward Barksde	ile	18. MOTHER'S NA UNKAOW	ME (First, Middle, Melden Surname)	
TO B	190. INFORMANT'S NAME (Type/Print) Richard Barksdale	19b. MAILING ADDRE	SS (Street end Number or Rural P Franc/S St	Route Number, City or Town, State, 2 Balto, M	16 Code) d 2/2/7
	20e. METHOD OF DISPOSITION 1 Seuriol 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	- Mrg M	en fark	8/8/94 Kande	alls town, ked
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	narch !	2. NAME AND ADDRESS OF FA March F. H 4300	Wabash Aw	e
	23. PART I. Enter the diseases, or complications abook, or heert failure. Liet only one IMMEDIATE CAUSE (Final disease or condition resulting in death)	that caused the deeth. Do not enticeuse on each line.  EPTIC SHO  ETO (OR AS A CONSEQUENCE OF):		h aa cardiac or reapiratory a	Approximate interval Between Onset and Death
CERTIFICATION	r any, leading to immediate cause. Enter UNDERLYING	ESPIRATURY TO (OR AS A CONSEQUENCE OF):  OUASRIPLE TO (OR AS A CONSEQUENCE OF):			6 days
MEDICAL	PART II. Other algnificant conditione contributin	to death but not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DE	ATH YES NO		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 Inpatient		26. PLACE OF DEATH (Chi ER: lursing Home 5 \( \subseteq \text{ Rasidence} \)		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending (Mor	E OF INJURY th, Day, Year) 28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY O	CCURED
	4   Homicide determined bulk	CE OF INJURY — At home, term, street, fi fing, etc. (Specify)	actory, office	281. LOCATION (Street end Numb City or Town, State)	er or Rural Route Number,
COMPLETED		st of my knowledge, death occurred at the of examination and/or investigation, in m			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  - RE  30. NAME AND ADDRESS OF PERSON WHO COMPLETED	SIDENT	29c, LICENSE NUM	IBER 25d, DA	8 . 3 . 94
	GILBERT CHIDIA	C, Saint Agnes t	tosp1742,900	CATON AVE, BA	ITINORE, n. 0, 21289
	31. DATE FILED (Month, Day, Year) 8 - 3 AUG 0 5 1994	STRIPE'S SIGNATURE CONTROLL			

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AUG 0 5 1994

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3 TIME OF DEATH 1110 Benjamin ARRY PM Am 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign 07-17-1947 143-40-4031 Maryland 1 M 2 F 47 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Church Home Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4014 Gelston Drive 21229 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, 1 Never Married 2 Married BY Specify 3 Widowed 4 Divorced Specify: Black 16a. DECEDENT'S USUAL OCCUPATION
(Giam kinet of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12th College (1-4 or 5 +) Truck driver Freight 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname)
Aritha Robertson Frank Bellamy F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Barbara Ann Shipman 4014 Gelston Drive Baltimore, Maryland 21229 pe 20s. METNOD OF DISPOSITION
1/A Buriel 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Zion Cemetery Baltimore, Maryland Mt 8-04-94 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 22. NAME AND ADDRESS OF FACILITY Caple Funeral Service 5502 Winner Avenue Baltimore, Md. 21215 medical 23. PART I Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliupe. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition Stage Renal End event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) AIDS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 0 PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL Pouche alice any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows SEPSIS 1 TYES 2 THO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) tem HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Aursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending investigation м 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be CH. 28 4 Homicide COMPLET Hem 29e. CERTIFIER

(Check only

1 CERTIFYING PNYSICIAN: to the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Hough PHYSICIAN D44503 91 ASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHUR CH IMPERIA HOPP ST PEGISTRAR'S GNATURE 31. DATE FILED (Month, Day,

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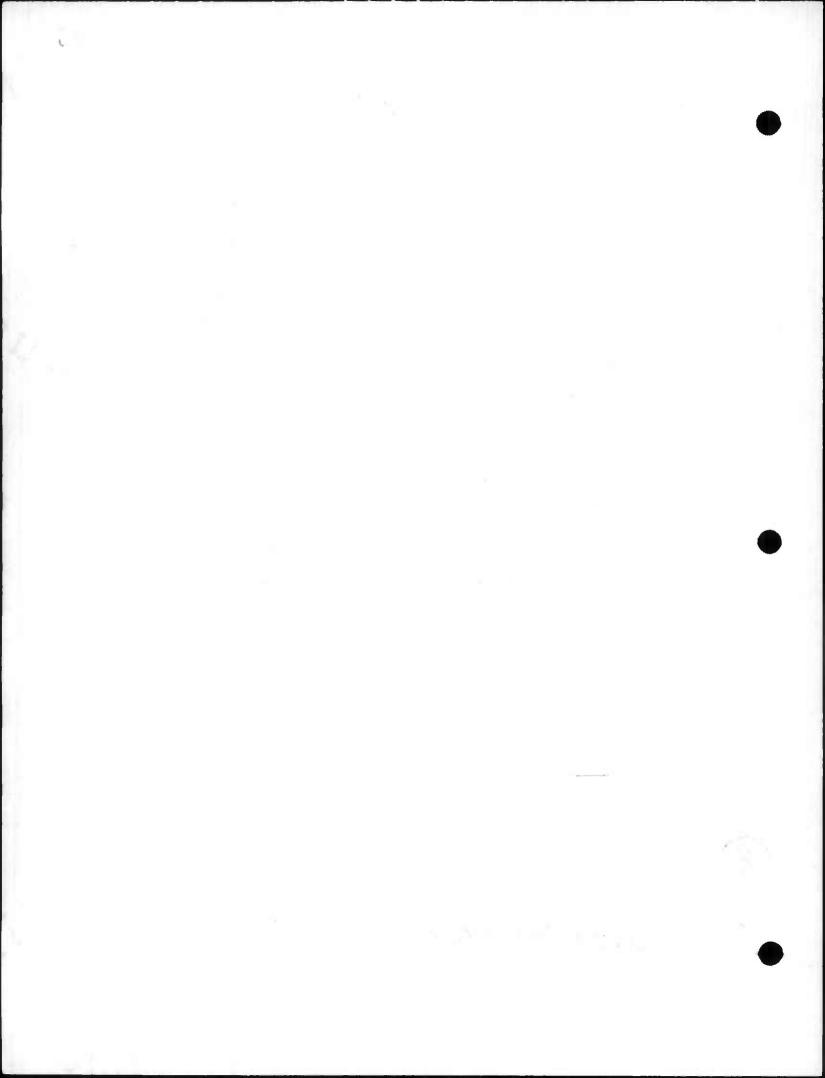
429 5 GTE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item: 27, per MEO G-714 8/5/94 reb FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **JAMES** CLATRORNE AUG 9:01 BRYAN 94 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 D F 217-18-9748 May 24, 1917 Virginia Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL S.T.U. BALTIMORE CITY Pages 1, 2, 3 RESIDENCE OF DECEDENT 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 27 NO permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 420 Woodlake Ct. Apt. C 21061 United States nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, stc. 2 NO 1 Never Married 2 1 Married IF YES, DIVE WAR OR DATES 1 YES 2 NO Specify. Specify: BY 3 Widowed 4 Divorced White 8 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Paint Contractor Home Improvements 8 yrs. 17. FATHER'S NAME (First Middle Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 펂 Claiborne J. Bryan Alice notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Claiborne H. Bryan 408 K Summerwind Rd., Glen Burnie, Maryland 21061 è 20e. METHOD OF DISPOSITION
1 🎇 Burlai 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State must Glen Haven Memorial Pk. 8/5/94 Glen Burnie, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATU OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley-Ruddick Funeral Home 421 Crain Hwy. S.E. Glen Burnie, signed by the attending physician and completely filled in by the Health and Mental Hyglene prior to burial, cremation, or removal. MD 21061 the medical 23. PART I. Enter the disesses, or complications that ceused tha deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, **Approximate** shock, or heart feliure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition resulting in death) ptured Abdominal event, traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART ii. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL ЗПУ 1 VYES 2 NO OF DEATHS Shows 1 YES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [ PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one this certificate h Hem HOSPITAL: OTHER 1 X YES 2 □ NO 1 ☐ Inpatient 2 [XER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO is marked. INJURY N⊠ Natural ending 24 1 YES 2 NO ВY After 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined BE COMPLETED after MECTOR 28 4 Homicide Tem 29e. CERTIFIER 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) huste no AUG 03,1994 O.C.M.E. 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dennis J. Chute M.D.

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111 Penn Street, Baltimore, Maryland 21201



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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	OR A	DIRE	hours
_	A	R	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been septed by the attending physician and completely mad in by the funer	be file!! within 72 hours after death with the State Dept. If Health and Mental Hygiene prior to burial, cremation, or removal.
	H	置	Pier
	2	2	8

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG.	NO.	
	1. DECEDENT'S HAME (First, Middle, Lest)	o. AL	ANK		2. DATE OF DEAT	H DAYL QY	3. TIME OF DEATH
	4. SOCIAL SECURITY HUMBER  216-20-80-88	5. SEX 6. AGI	(In yrs. last birthday)	F UNDER 1 YEAR		17)	BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY HAME (If not institution, give at	rest and number)	Home	C ROWN		9c. COUNTY	-
- DIRECTOR		Arunda		TOWN OR LOCATION	و		10d. INSIDE CITY LIMITS? 1 YES 2 X HO
FUNERAL	1454 FAIRET AND HUMBER		Rd.	101. ZIP CODE 210	32	10g. CITIZEN	OF WHAT COUNTRY?
BY FUI	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	B 2 HO	13. WAS DECEMBENT OF HIS If yes, specify Cuban, Ma 1 YES 2 1 NO Sp			RACE — American Indien, Black, White, etc. Specify:
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give Idnd of wor life. Do NOT use i	k done during most of working	16b, KIHD O	BUSINESS/INDUS	TRY
COMPLETED	Elementary/Secondery (0-12) 10	College (1-4 or 5+)		Sing	MED		
i w	17. FATHER'S HAME (First, Middle, Last)  Edward Willia	m Blank			HAME (First, Middle, M	å al	
TO B	190. IMFORMANT'S HAME (Type/Print) Florence Jury		19b. MAILING AI	DDRESS (Street and Number or Ru	Pd Vo	rktown, State, Zip Co	
	20a. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	oval from State	0b. PLACE OF DISPOSIT other piece)	IOH (Name of cemetery, crematory	or 20	c. LOCATION — City	or Town, State
	21. SIGHATURE OF FUHERAL SERVICE LIC	ENGEE	M.Perkir	22. HAME AHD ADDRESS OF	EACH ITY		Md. Home, 21222
	23. PART I. Enter the diseases, or of	king	D00083	2134 Willo	v Spring	Rd.,BA	lto.Md.
	ahock, or heert feilure. iMMEDIATE CAUSE (Final	Liet only one ceuse on	eech line.			eaphatory arres	interval Between Onset and Death
The state of the s	disease or condition resulting in deeth)	a. Conque	A CONSEQUENCE OF):	cont Factor Disease	re.		
NOI	Sequentielly list conditions, if any, leading to immediate	b. CO YO NO	ACCHSEQUENCE OF	Disease			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS	A CONSEQUENCE OF):				
CERT	resulting in deeth) LAST	d					
EDICAL	PART II. Other aignificent condition	na contributing to death	but not resulting in	the undarlying cause giver	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
	77.132.13230					ES 2 NO	OF DEATH?
Z							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH OTHER:			
1 XS	1 YES 2 O HO  27. MANNER OF DEATH	1 Inpetient 2 I ER/O	Y 28b. TIME	Nursing Home 5 Resider		OW INJURY OCCU	RED
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year	) INJUI	WORK? M 1 YES 2 HO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, atropocify)	eet, factory, office	281. LOCATION (S City or Town,		Rural Route Number,
COMPLETED	and only			at the time, date and place, end in my opinion, death occured at			
	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE	NUMBER	29d. DATE S	HONED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WH	W &	DEATH STEEL OF STATE OF	D389	58	1 81	4/94 NTON MD 21113
	DALTEET SIN	IGH SIDH	U, MO,	1413 ANNIAPOLI	S Rd #1	D6, ODE	NTON MD 21113
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SI	GNATURE 12				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

<ol> <li>Page 6 may be retained by the hospital or attending physician.</li> </ol>	eral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3		niner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Derck

DEREK

31. DATE FILED (Month, Day, Year) AUG 0 5 1994

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32. REGISTRAR'S SIGNATURE

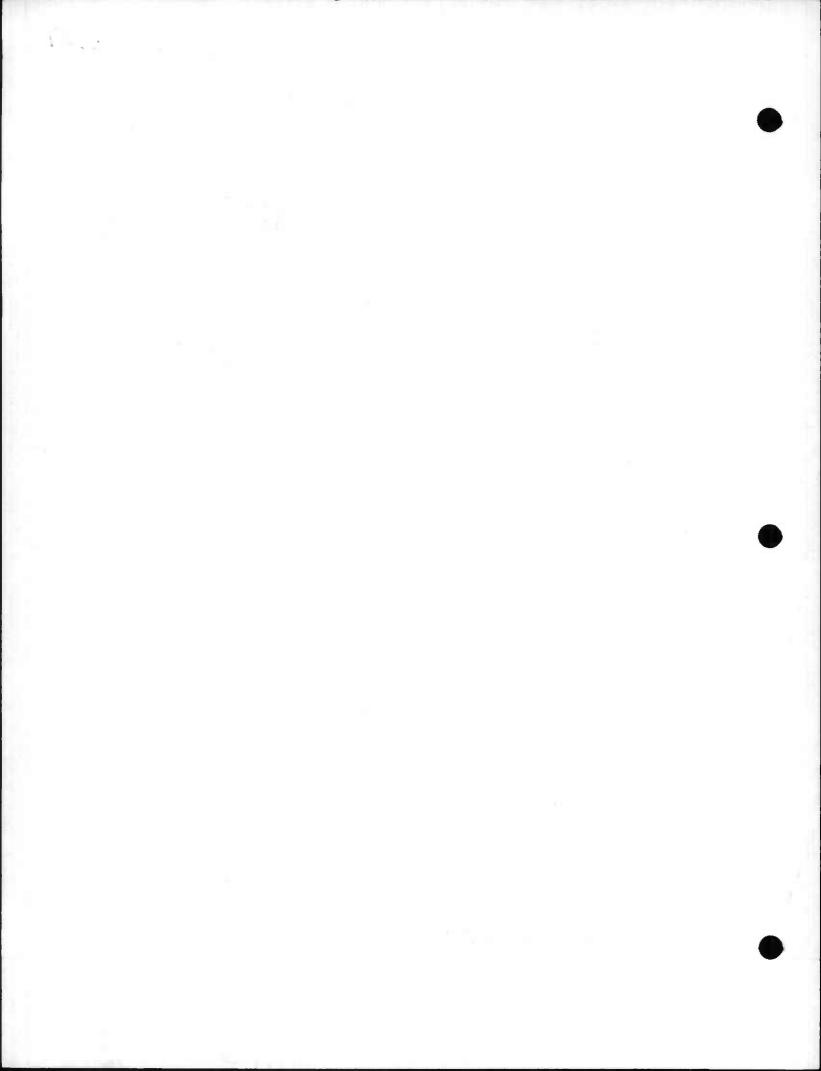
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH DAY JULY 31, 1994 **ESTHER** BEVERLY 12:55 a MARIE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yea 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYE 1 🗌 M 2 💢 F 60 YRS. 212-36-9797 02/10/34 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE IBc. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE CITY XIX YES 2 \ NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 215 E. LAFAYETTE AVE 21202 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ВУ Specify: 3 Widowed 4 Divorced BLACK ETED 18a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL KITCHEN HELPER RESTURANT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SHIRLEY BEVERLY **ESTHER** FREEMAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 OCTAVIA BEVERLY 215 E. LAFAYETTE AVE. BALTIMORE, MD. 21202 20a. METHOD OF DISPOSITION

1 W Burlai 2 C Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE WESTERN STAR CEMETERY 8/5 Donation 5 Other (Specify) CATONSVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BETTS FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD. 21213 23. PART /. Enter the placeses, or complicatione that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reaplratory arrest, ahock, or beert fellure. Liet only one ceuse on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death Perforadion disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) -olon Lance/ CERTIFICATION ear Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO M 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1 YES 2 NO HOSPITAL: Hent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO ВУ Investigation Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

A MEDICAL EXAMINES: On the heat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 믦

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JCHNO HOPKINS



DIVISION OF VITAL RECORDS, P.O. BOX 68760

	ITEMS: 1.17.19a, PE FOR 1. STATE		MARYLAND	/ DEPAR	RTMENT O	F HEALTH	AND I	MENTAL H	IYGIENI	E			
	REGISTRAR		С	ERTIF	ICATE (	OF DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First, BECR							2. DATE OF	DEATH		YEAR	3. TIME OF DE	ATH
	James G. Boa	craft, Jr.	•					Augus				8:00	A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF I	BURTH		8. BIRTH	PLACE (State of	
	218-32-6359	1 🔀 M 2 🗆 F	58	YRS.	MONTHS DA	YS HOURS	MIN.	April	" 19 1	936	Countr	yland	
	Sa. FACILITY NAME (If not institution, gir	e street and number)	30		Oh CITY TO	WN OR LOCAT	1011 05 05		17/1				
OR	4700 Chatford A					imore (		AIH		N/	AY OF D	EATH	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COU												
DIRECTOR	Maryland N/A	NTY			timore						Ì	10d. INSIDE CI LIMITS? 1X YES 2	
FUNERAL	100. STREET AND NUMBER 4700 Chatford A	venue				101. ZIP COD 2120				10g. CITE		VHAT COUNTRY	?
NE											.A.		
5	11. MARITAL STATUS  1 Never Merried 2 X Married	12. WAS DECEDED	NT EVER IN U.S. A	RMED NO	13. WAS	DECENDENT	OF HISPAN	IIC ORIGIN? (S n, Puerto Rice	pecify Yea	or No-	14. RACE Black	— American ir	dien,
BY	3 Widowed 4 Divorced		MAR OR DATES		1 🗆	YES 2 NO	Specify		11, 410.)	- 1	Whit		
											wnit	:e	
E	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. D	ECEDENT'S	Work done during	PATION a most of worki	ina	16b. KIR	ND OF BUS	INESS/IND	USTRY		
iii	Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	se retired.)								
P P	8th Grade		Pl	umbei				Hk	ospit	al			
COMPLETED	17. FATHER'S NAME BECRAFT					1a. MOT	HER'S NA	ME (First, Midd	lle, Meiden S	Surname)			
BE	James G. <del>Beaera</del> :	£t, Sr.			20	Mai	ry Ja	anuary					
	190. INFORMANT'S NAME BECRAF	r		96. MAJLING	ADDRESS (Str	eet and Numbe	r or Rurai F	Route Number, (	City or Town	. State. Zio	Codel		
임	Patricia Beacra	Ét									,	d 2120	б
	20s. METHOD OF DISPOSITION				OF DISPOSITIO		,	DATE		ATION —	A84		
	1 Buriel 2 K Cremation 3 R 4 Donalion 5 Other (Specify)	amoval Irom State	cemetery, cr	ematery or o	int Cen	notomz		8/8			,	arylan	7
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_   Calce	II PAC		E AND ADDRE			Бат	LUIL	e, P.	атутан	1
	9-11	100 R											
	1 11	TY											
	wwolks	3111	Let		6415	Bela	ir Ro	pad, Ba	altin	pre,	Mar	yland	21206
	23. PART i, Enter the diseases, o	or complications the	at caused the	eath. Do	6415	Bela:	ir Ro	oad, Ba	altin	ore,	Mar	yland Approxi	
	23. PART i, Enter the disease, ahock or haart fallur	or complications the	at caused the d	eath. Do	6415	Bela:	ir Ro	bad, Ba	altin or reapir	ore,	Mar	Approxi	meta Between
	IMMEDIATE CAUSE (Final disease or condition	re. List only one car	uaa op each lin	a.	not antar the	Bela:	ir Ro	bad, Bo	altin	ore,	Mar eat,	Approxi	mata
	IMMEDIATE CAUSE (Final	aLIV	ER FAI	e. Lure	not antar the	Bela:	ir Ro	pad, Ba	altin or reapir	ore,	Mar	Approxi	meta Between
	IMMEDIATE CAUSE (Final disease or condition	a. DUE TO	ER FAI	LURE	not antar the	moda of dy	ring, suci	h aa cardiac	or reapir	atory arr	eat,	Approxi Interval Onset a	meta Between
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. LIST DRIV DRA CAN DUE TO DUE TO	ER FAI OR AS A CONSE	LURE FOUENCE O	not antar the	moda of dy	ring, suci	h aa cardiac	or reapir	atory arr	eat,	Approxi	meta Between
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. LIST DRIV DRA CAN DUE TO DUE TO	ER FAI	LURE FOUENCE O	not antar the	moda of dy	ring, suci	h aa cardiac	or reapir	atory arr	eat,	Approxi Interval Onset a	meta Between
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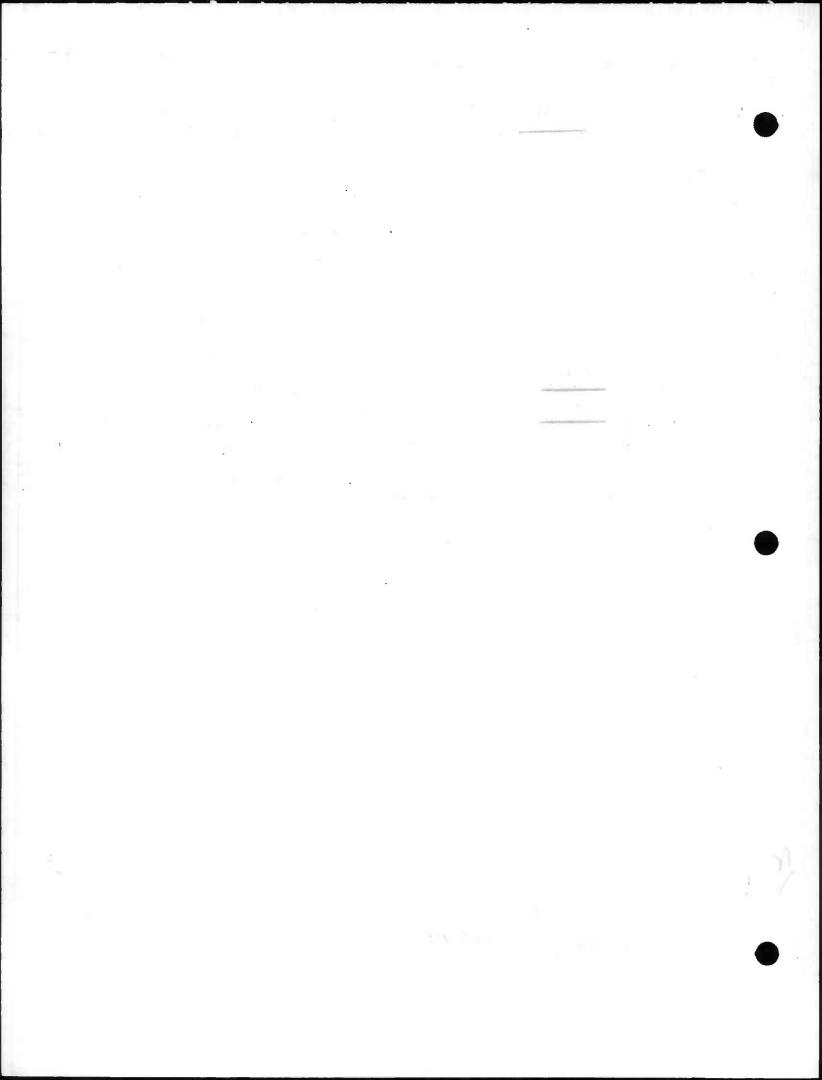
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE

32 REGISTRAR SO GNATURE

LOO N. WOLFE 31. DATE FILED (MORIT). Day, YOUR) AUG 0 5 1994



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Page 6 may be certificate be executed with BOX 68760,

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH A 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) **Fmma** Louise Barisas 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 220-05-7939 1 M 2 X 76 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION 822 N. Washington St. Easton RESIDENCE OF DECEDENT 10b. COUNTY IBC. CITY TOWN OR LOCATION Talbot Maryland Easton 10e. STREET AND NUMBER 101. ZIP CODE 21 822 N. Washington St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🚫 NO 13. WAS DECENDENT OF FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, 3 Widowed 4 Divorced

College (1-4 or 5+)

С.

15. DECEDENT'S EDUCATION

es, or complic

(So

17. FATHER'S NAME (First, Middle, Last)

19a, INFORMANT'S NAME (Type/Print)

William S. Rice

. METHOD OF DISPOSITION

Burlel 2 Cremetion 3

21. SIGNATURE OF FUNERAL SERVICE-CICENSEE

shock, or heert fellure.

4 Donation 6 Other (Specify)

23. PART I. Enter the disc

IMMEDIATE CAUSE (Finel disesse or condition

Sequentially list conditions,

If any, leading to Immediate cause. Enter UNDERLYING

CAUSE (Disesse or injury

thet initiated events resulting in death) LAST

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27. MANNER OF DEATH

t Natural

2 Accident 3 Suicide

4 Homicide

resulting in deeth)

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State						ery							
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DUE TO	(OR AS A	CONSEQUENCE O	F):										
uting to	deeth b	ut not resulting	In the u	nderlyIn	g ceuse	given in	Part		PERFOR	MED?	24b	AVAILABLE PRIC COMPLETION OF OF DEATH?	F CAUSE
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## Address   Device													
PLACE O	F INJURY etc. (Spec	— At home, term,	street, tec				28t.			and Numbe	or or Rural	Route Number,	
he heat of	mu know	ladas death seema	and set than	time date	and also	and du	40.00		) and m-				

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES

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25. WAS CASE REFERRED TO MEDICAL

PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse give

28e. DATE OF INJURY (Month, Day, Year)

28. PLACE OF DEA HOSPITAL: 4 Nursing Home 5 PResident

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, an

2 MEDICAL EXAMINER tion and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND AUTUE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. David Smith 509 Idlewilde Rd. Easton Md. 21601

AUG 0 5 1994

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August 3, 1994

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STATE	0F	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
		CE	RTIFICATE	OF	DEAT	H		REG. NO.

	1 - STATE REGISTRAR			MENT OF I		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	9 A. CL	OUD			2. DATE OF DEATH DAY	- 916	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-09-2010	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	Countr	PLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give	street and number)	•		OR LOCATION OF D		8c. COUNTY OF D	EATN EATN
5	RESIDENCE OF DECEDENT	GREEN N.H.		BALTIM	IORE			
DIRECTOR	MD 106. COUNT	TY		TIMOR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2525 W. B	ELVEDERE	THE STATE	10	21215	-	10g. CITIZEN OF V	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	II yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes on, Puerto Rican, atc.)	r No— 14. RACE Blect Speci	- American Indian, c, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	ork done during me	ON ost of working	166, KIND OF BUSI	NESS/INDUSTRY	acac
MPL	124	College (Ind Or 5 4)	Lak	over			tory	
ш	17. FATHER'S NAME (First, Middle, Last)	Strawberry			Maria	ME (First, Middle, Meiden St	atun	
10 B	190. NEORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street	and Number or Rufel	Poute Number, City or Town;		21215
	20a. METHOD OF DISPOSITION 1 □ Burial 2 🕅 Cremation 3 □ Res	20b. P	PLACE AND DATE O				ATION — City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	/	10110	Crem	TO MADDAESS OF FA	17 64	tunsu,	1/e, me
	► Wieei	romles e	P	Mar	ch F. H	· What	ih Ave	. Balton
CATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS A C						Onset and D
RTIFICAT	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO (OR AS A C	CONSEQUENCE OF	):				
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MEDICAL	Jemen			· ule dildelly iii	ng cause given in	PERFORM 1 YES 2	IED?	AMILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
- 11	25. WAS CASE REFERRED TO MEDICAL			20.0	100 00 000			
SICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpat	lent 3 🗆 DOA	отнен:	ne 5 - Residence	8 Other (Specify)		
ву рну	27. MANNED OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW IN.	JURY OCCURED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e PLACE OF INJURY	- At home, lerm, s	reet, factory, offic	ce	281. LOCATION (Street and City or Town, Stelle)	d Number or Rural I	Route Number,
ш	29a. CERTIFIER	SICIAN: To the best of my knowled						a) and manner as state
PLET						, ,,		
COMPLET		NER: On the basis of examination			29c. LICENSE NU	MBER	26d. DATE SIGNED	
TO BE COMPLETE	2 MgOreal Examin	NER: On the basis of examination	P	Prof 1	1	4	DATE SIGNED	
BE COMPLET	2 MgOreal Examin	NER: On the basis of examination	D (ITEM 27) (Type,	Heista	strin	MBER #35)	DATE SIGNED	

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DIVISION OF VITAL	NG PHISICIAN: The law	Carbid certificate has h
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			NTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, L	PAUL	CA	andl	er	DATE OF DEATH	5 9	3. TIME OF DEATH 2308 M
Pi		213-28-8376	1 5XM 2 □ F		ONTHS DAYS	IF UNDER 24 HRS. 7	DATE OF BIRTH	32 MZ	BIRTNPLACE (State or Foreign Country) ARYLAND
2, 3 should	стоя	90. FACILITY NAME (If not institution, and an analysis of the control of the cont	elyn Dr	· ·		A CEN		9c. COUNTY	OF DEATH
Pages 1,	DIREC	10e. STATE 10b. CO		100000000000000000000000000000000000000	TOWN OR LOCAT	1310			10d. INSIDE CITY
sit permit.	RAL	100. STREET AND NUMBER 2234 EVELYN D	RIVE		101	21122			1 VES 2 NO
the burial-transit permit.	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? TYNYES IF YES GIVE WAR OR O	2 NO	II yes, sp	ENDENT OF NISPANIC ecity Cuben, Mexican, I 2 NO Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)		S - A -  Black, White, etc.  Specify: WHITE
for use as	PLETED I	15. DECEDENT'S (Specify only highest the secondary (0-12)	EDUCATION	16a. DECEDENT'S US	rk done during mo retired.)	DN st of working	WILKEN		
be detached	E COMP	17. FATNER'S NAME (First, Middle, Last JACOB PAUL		CARFE	NIEK	18. MOTNER'S NAME NELLIE	(First, Middle, Maiden		FEEZER
page 5 should be detached t be notified at once.	TO BE	199. INFORMANT'S NAME (Type/Print) MARIE E. CHAN				nd Number or Rural Rou N DRIVE,		n, Stata, Zip Co	ode)
director, page ir must be		20a. METHOD OF DISPOSITION 1	Removal from State Con	b. PLACE AND DATE OF metery, crematory or othe ILLTOP S	ERVICE	CORP.	994 TOW	SON,	y or Town, State MARYLAND
he funeral dir ral.		21. SIGNATURE OF FUNERAL SERVICE	Stenkin		1 SEC	OND AVENBURNIE,	WSINGLE WE, S.W MARYLAN	ETON E V. ND 210	FUNERAL HOME 061
ompletely filled in by the cremation, or remove event, the medical		23. PART I. Enter the disease, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one cause on a	d the deeth. Do not nech line.					Interval Between
the attending physician and completely filled in by the funeral director, Mental Hygiene prior to burlal, cremation, or removal. njury, or other traumatic event, the medical examiner must	IFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):				2	
d Mental Hygi Injury, or o	CERTIFI	reaulting in death) LAST	d						
oeen signed by of Health and shows any i	N: MEDICAL	PART II. Other algnificant cond	itions contributing to death b	out not resulting in	the underlying	g cause given in Pa	rt I. 24a. WAS AN PERFOR	IMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
State has 1 State Dept item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 LES 2 NO	HOSPITAL: 1   Inpetient   2   ER/Outp		THER:	ACE OF DEATN (Check			
the certific	ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investiget	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJ	URY AT 26 HK? /ES 2 NO	d. OESCRIBE HOW II	NURY OCCUR	NEO
S S S	MPLETED B	3 Suicide 6 Could not 4 Homicide determine		/ — Al home, larm, stre cify)	et, factory, office	20	II. LOCATION (Street a City or Yown, State)	nd Number or	Rural Route Number,
FUNERAL DIR Within 72 hours STANT: If Item	COMPL		NYSICIAN: To the best of my know MINER: On the best of examinatio						euse(e) and manner ee stated.
TO THE FUNERA De filed within 7 IMPORTANT:	TO BE (	206 SIGNATURE AND TITLE OF CERT	Some A	Dep	ety	29c. LICENSE NUMBE			IGNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON	P. Jon	cs,m	int)	6951	9mers	CA	21035
		AUG 0 5 1994	22. REGISTRAR'S SIGN	ATURE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	In TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours free Beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
L RECORDS, P.O. BOX 68760,	aw requires that the death certificate be executed within	In TOPS. After this certificate has been signed by the attending physician and completely filled in by the funeral diractions. Fee Beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tiem 201s marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	OR ATTENDING PHYSICIAN; The law	nours are Beath with the State Dep	item 29 is marked, or Item 23

TO THE HOSPI TO THE FUNDA De filed within 72 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOSEPH L. COOK

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONTH DAY JULY 30

7	1. DECEDENT'S NAME (First, Middle, Last	)						MONT	OF DEATH	AV	VEAR	3. TIME OF OEATH	1
	JOSEPH L. COOK							July	3	0 19	994	6:30	Ам
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. In	st birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE /Mont	OF BIRTH		8. BIRTH Country	PLACE (State or Fore	ign
()	218-05-7364	1 💢 M 2 🗆 F	74	YRS.	MONTHS.	DAYS	HOURS MIN.		6-20			id.	
_	9s. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH	
DIRECTOR	Perry Point V		Hospi	tal	Pe	rry	ville			C	ecil	-	
RE	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWH	OR LOCAT	TION					10d. INSIDE CITY LIMITS?	
		cil		Pe	rry	vil						1 XYES 2 N	Ю
FUNERAL	10e. STREET AND NUMBER					10	. ZIP CODE					HAT COUNTRY?	
Ξ	Off Perryvill						21902				.S.A	1.	
	11. MARITAL STATUS  Never Married 2 Married	12. WAS DECEDENT FORCES? 1	XYES 2	RMED NO		If yes, sp	ENCENT OF HISPAN ecify Cuban, Maxica	n, Puerto	f? (Specify Yea Rican, etc.)	or No-	14. RACE Black	— American Indian c, White, atc.	١,
B	3 Widowed 4 Divorced	12-9-41		20-4	2	1 TYES	2 NO Specify	y:			Specific	•	
2	15. DECEDENT'S ED	UCATION	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON .	168	. KIND OF BU	SINESS/INC		ite	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	Ald.	Give kind of a B. Do NOT us	work done se retired.)	during mo	ast of working						
킬	N/A	N/A		Bart	end	er		Н	alf M	lile.	Tra	ck Tave	וירפ
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					TOTAL TOTAL	
BEC	Joseph C	. Cook					Mar	gar	et M.	Co	ok		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	and Number or Rural I						
2	Verla Crocett	i		8100	Do	gwo	od Rd	Woo	dlawn	. Me	d. 2	1244	
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPO	SITION (No	erne of Cem.						
	4 Donation 5 Other (Specify)											ills Mo	d.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22.	. NAME AI	ND ADDRESS OF FA	CILITY				,	
	O	. Cat3					l Balti				al P	ike	
	23. PART I. Enter the diseases, or	n Schwah	caused the de	eath. Do i	not ente	r tha mo	timore,	h sa can	flac or resp	ratory ar	rest	Approximat	9
	shock, or heart failure	. List only one caus	e on each line	е.					2,0		700	Interval Bet	weer
- 1	iMMEDIATE CAUSE (Final disease or condition		1	-	_							Onset and	Deatr
-	resulting in death)		brovaso			ıden	t					-	
,	_				. ,.							İ	
2	Sequentisity list conditions, if sny, leading to immediate	b. DUE TO (	OR AS A CONSE	OUENCE O	F):							<u> </u>	
\$	cause. Enter UNDERLYING	•										!	
Ī	CAUSE (Disesse or injury that initiated events	OUE TO (	OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other significant condition	ons contributing to d	leath but not	constitue	in the u	nderhila	a causa ahua la	Don't	24a, WAS AN	ALITONOM	Lan	1	
MEDICAL	Polycythemia				III LITE U	nueriyin	g csuse given in	Part I.	PERFOR		246.	WERE AUTOPSY FINI	D
		diabetis	merrre	-12					1 YES 2	ГХио		COMPLETION OF CA	USE
			<del></del> -									1 TES 2 NO	0
2	25. WAS CASE REFERRED TO MEDICAL												
PHTSICIAN:	EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (Ch	eck only or	10)				
2	1 YES 2 ANO			_	_		e 5 🗆 Residence						
	1XXNetural 5 Pending	28a. DATE OF II (Month, Day	NJURY (, Year)	28b. TIM	URY		PRK?	28d. OE	CRIBE HOW I	NJURY OC	CURED		
	2 Accident Investigation				М		YES 2 NO						
3	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At hi tc. (Specify)	ome, tarm, :	street, fac	tory, offic	•	28t. LOC City	ATION (Street or Town, State)	and Numbe	r or Rurel R	loute Number,	
COMPLEIED	AA OFFICIEN												
1		SICIAN: To the best of m											
5	2 MEDICAL EXAMIN	IER: On the basis of axa	mination and/or	Investigation	on, in my	opinion, d	leath occured at the	time, data	and place, ar	d dua to ti	he cause(s)	) and menner as stel	ted.
	290 SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICENSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)	
	1)//1/						н39022			•	7/30	0/94	
	30. NAME AND AGORESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)								
	PETER LOPRESTI,	D.O., VAM	C Perr	y Poi	nt,	MD	21902						
	21 DATE EN ED (Month, Day Mont)	32. REGISTRAR	'S SIGNATURE						_				
	AUG 0 5 1994	Jahra Davola	orkardal	4									
	-											OHMH-18 I	_

4 . 11 . . .

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	Mysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		
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rSICIAN: The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hospital or attending physician.	5 shoul		28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ay be	page		be
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urs afte	in by ti	n, or removal.	edica
4 100	Filled	JU, Or	E 3
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the di	y the	d Mer	Injur
s that	ned b	Ith an	any
require	TOR: After this certificate has been signed by the attending physician	after death with the State Dept. of Health and Mental Hygiene prior to buri	shows
I Jaw	d SEL	Dept.	23
Ë	cate	State	Item
SICIA	certifi	the .	I, 0r
PHY	r this	th with	arked
TENDING PHY	: Afte	r deat	IS III
E	TOR	afte	8

										9	L.	22943
	FOR 1 STATE	STATE OF N	MARYLAND /					MENT	AL HYGIEN	E		
	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)								TE OF OEATH	AY	YEAR	3. TIME OF OEATH
	FRANCIS GENE CROC							AU	GUST 3	. 19	94	11:16A M
	and the transfer of the same o	s. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		TE OF BIRTH onth, Day, Year)		8. BIRTI- Count	IPLACE (State or Foreign
	210 30 3710	M 2 □ F	44	YRS.	aonina	DATE	HOUNS MIN.		T.23.19	149		lto.Md
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, 1	TOWN O	R LOCATION OF				UNTY OF D	
OB	2544 TOLLEY STREE	ET_				]	BALTIMO	RE				
[ [ [ [	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			19c CIT	Y. TOWN OR	LOCAT	ION					10d. INSIDE CITY
DIRECTOR	MARYLAND						TIMORE					LIMITS?
	10e. STREET AND NUMBER						ZIP CODE			106 CI	TIZEN OF Y	WHAT COUNTRY?
FUNERAL	2544 TOLLEY STREE	रण				1.00	21230				S.A.	THAT COUNTRY
ž		2 WAS DECEDEN	T EVER IN U.S. ARA	/ED	13. W	AS DECI	ENDENT OF HISPA	ANIC ORI	GIN? (Specify Yes			E — American Indian
	1 Never Married 2 X Married	FORCES? 1	YES 2X N	0	11	yes, spe	cify Cuban, Maxie	can, Puerl				E — American Indian, k, Whita, atc.
ВУ	3 Widowed 4 Divorced	n 123, 3172 n	AN ON DATES		''	TES	2 NO Spec	eny:			Spec	"Y" WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION maleted)			USUAL OCC			1	16b, KIND OF BU	SINESS/IN	DUSTRY	
Ш		College (1-4 or 5	118m	Do NOT u	se retired.)	ing mos	at or working					
MP	12TH GRADE		l	ANA	GER				AUTO BO	DY R	EPAI	R/PAINT
0	17. FATHER'S NAME (First, Middle, Lest)								t, Middle, Maiden			
BE	ECTOR THOMAS CROC	CETTI							S HUNDE			
0	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rura					
-	MR. RUSSELL CROCI	ETTI	7				AVENUE ·	<ul> <li>BA</li> </ul>				
	20s. METHOD OF OISPOSITION 1	if from State	20b. PLACE A cemetery, cren	natory or o	ther place)						- City or To	rwn, Stata
	4 Donation 5 Other (Specify)	ICEE //	CEDAR	HIL			RY D ADDRESS OF F	8/	6 BA	LTIM	IORE	
	in significant of the service entered	// (	LAH	7			D FUNER		OME INC			
	Yelesa	11	SH	)	410	7 W	ILKENS	AVEN	UE - BA	LTIM	ORE,	MD. 21229
	23. PART I. Enter the diseases, or cor shock, or heart feilure. Lis	nplications the	t caused the dee	th. Do i	not enter ti	he mod	de of dying, su	ich aa c	erdiec or reap	iratory a	rreat,	Approximate Interval Between
1 1	IMMEDIATE CAUSE (Final	/	/									Onset and Death
l	disease or condition resulting in death)	- h	ling (	in	rej							omo.
		DUE TO	(DR'AS A CONSEO	UENCE O	F): '							
N N	Sequentially list conditions, b.	DUE TO	(OR AS A CONSEO	UENOE O								
A	if any, leading to Immediate cause. Enter UNDERLYING	DOE 10	(OH AS A CONSEC	UENCE U	r):							i .
ERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEO	UENCE O	Pi:							
듄	resulting in death) LAST											
빙	d											
AL	PART II. Other algnificant conditions	contributing to	death but not re	sulting	In the und	erlying	ceuse given l	n Part I.	24s. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									1 TYES 2			COMPLETION OF CAUSE OF DEATH?
ME												1 _ YES 2 _ NO
ż	DID TOBACCO USE CO	ONTRIBUTE	TO CAUS	E OF	DEATH	H Y	ES X N	0 🗆			4	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHER:		ACE OF DEATH (C	Check only	one)			
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐	ER/Outpatiant 3	□ DOA	4 D Nursir		5 Realdance	6 🗆 0	ther (Specify)			
РНУ	27. MANNER OF DEATH-  1 Natural 5 Pending	28e. DATE OF (Month, D	INJURY ay, Year)	28b. T/M	URY	Bc. INJI WOI	RK?	28d. E	DESCRIBE HOW I	NJURY O	CCURED	
ВУ	2 Accident Investigation	88- BL 40F 0	5 M M 1874 A . A		M		ES 2 NO	-				
8	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At honetc. (Specify)	ne, farm,	street, tactor	y, offica			OCATION (Street in ity or Town, State)		er or Rural I	Route Number,
Ш	29a. CERTIFIER								<u></u>		200	
OMPLETED	(Check only											i) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	Vale.	W.	no			29c. LICENSE NI	-	2	29d. DA	TE SIGNE	(Monty, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO (	COMPLETED	E OF DEATH (ITEM	27) (Type	, Print)		00-10	106			0/7	117
	DR. WILLIAM C. WAT		100			NUE	- DEPT	OF	ONCOLOG	- Y	BAT.T	0/MD21229
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DIRECTOR

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TO THE HOSPITAL AN ATTERNANG PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIPPETION AND THIS CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunil-trans	be filed within 7 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It tem 28 % marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERA	be filed within 7	IMPORTANT: I
	-	-	_

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CRUMLING **GLENN** 80 94 9:05 A 03 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Wonth, Day, Year) 01--20-22 HOURS 72 TXXXXX | F 212-18-2110 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CATONSVILLE 701 RAYNOR ROAD BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? CATONSVILLE BALTIMORE MARYLAND 1 - YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 701 RAYNOR ROAD 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) FOREMAN NABISCO 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) MARTHA HARRIS RAYMOND H. CRUMLING 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ANNAPOLIS, MARYLAND 843 COACH WAY MICHAEL CRUMLING (SON) 20s. METHOD OF DISPOSITION

1 © Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 08-06-94ATE 20c. LOCATION - City or Town, State OULANEY VALLEY CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES Mandelos 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on interval Between IMMEDIATE CAUSE (Finei **Onset and Daath** disease or condition fate 105 VIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algorificent conditions contributing to death but not reaulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO

UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO

26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one OTHER:

EXAMINER? HOSPITAL: NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 1 Netural

investigation

3 Suicide 6 Could not be determined 29a. CERTIFIER

Accident

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28c. INJURY AT

1 YES 2 NO

296. SIGNATURE AND TITLE OF CERTIFIE

29c. LICENSE NUMBER 024356

Residence 6 Other (Specify)

26d. DESCRIBE HOW INJURY OCCURED

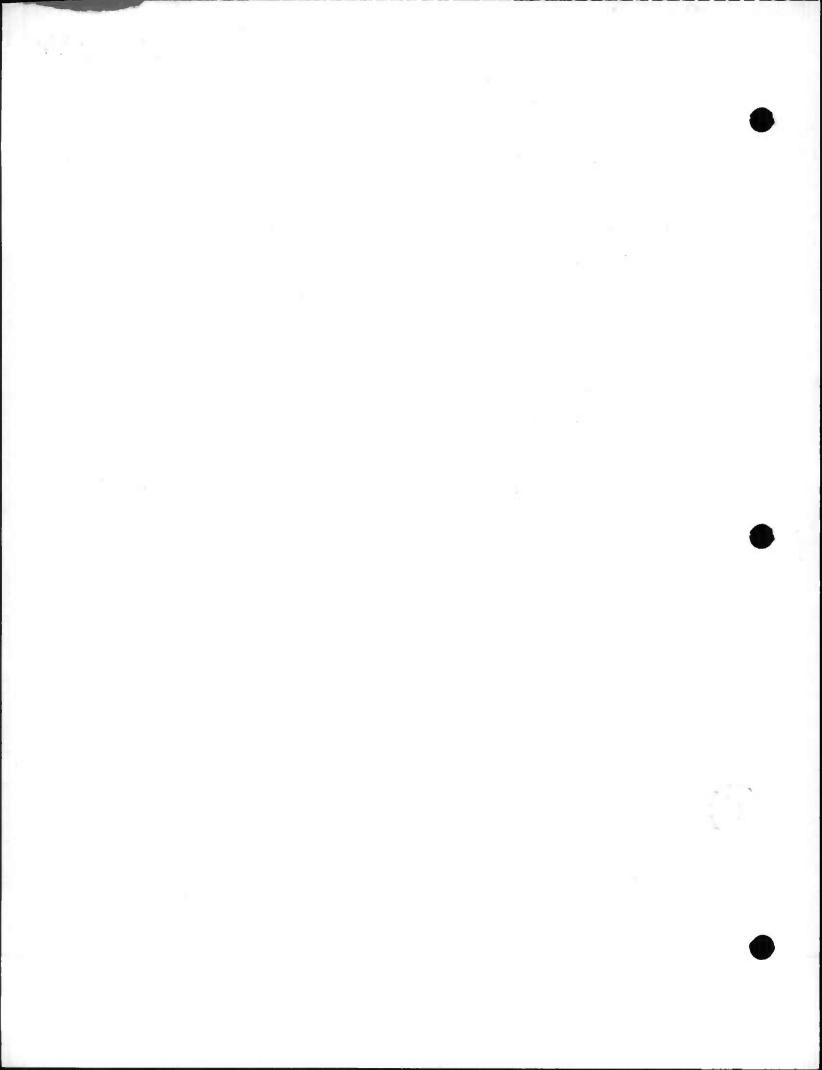
261, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Wafer

31. DATE FILED (Month, Day, Year)
AUG 0 5 199 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



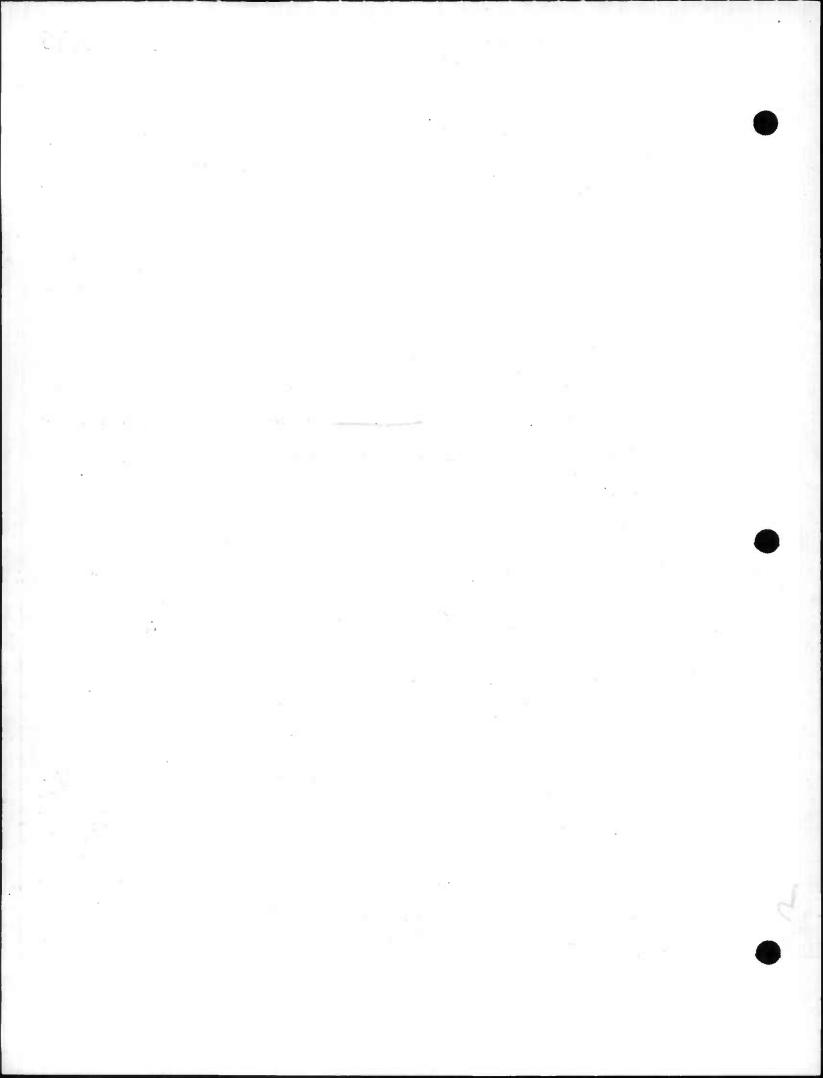
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

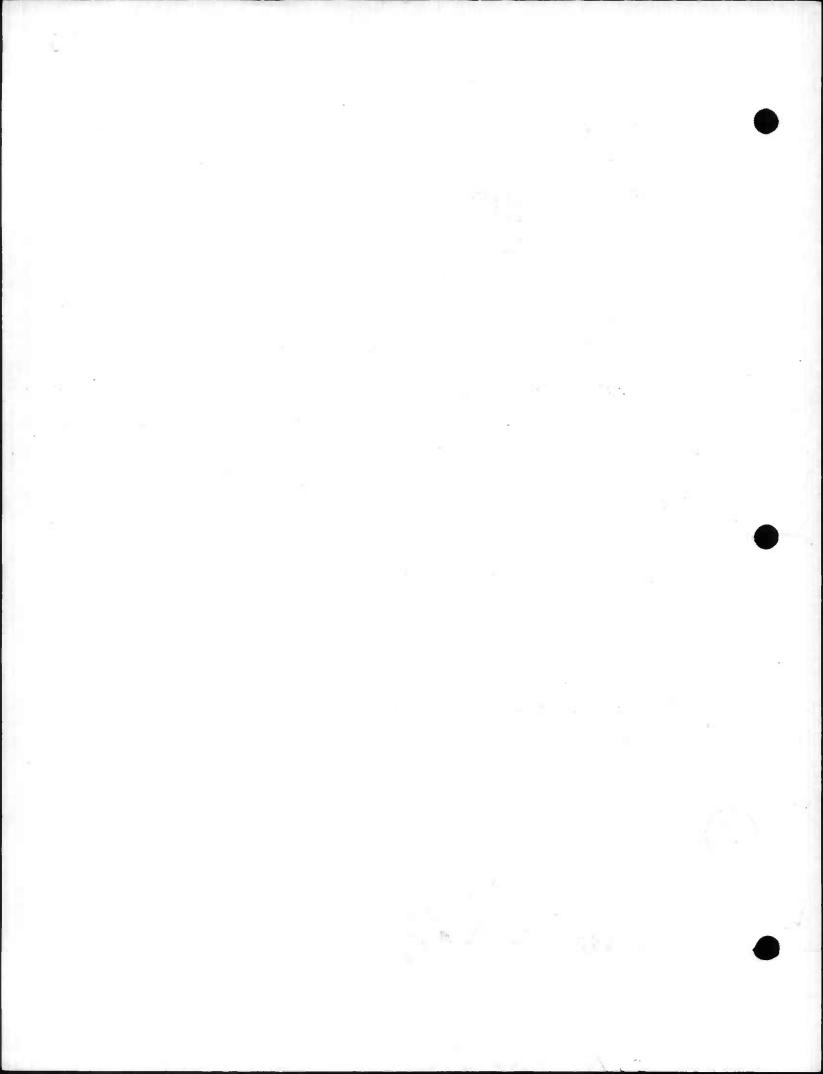
	REGISTRAR		CEF	RTIFIC	CATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	4 .					2. DATE (			YEAR	3. TIME OF DEATN	
	BESSIE Alle	n $C = IF$	FORD				Augo		1	1994	720	PH
	4. SOCIAL SECURITY NUMBER 5	i. SEX 6.	AGE (In yrs, last bi		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTN		8. BIRTH	PLACE (State or Fore)	ign
	218-12-4191	☐ M 2 🔀 F	71	YRS.	ONTHS DAYS	HOURS MIN.	Nov.	27,19	22	Mar	yland	
	9a. FACILITY NAME (If not institution, give stree	et and number)		1	9b. CITY, TOWN C	OR LOCATION OF D				NTY OF D	-	
8	Good Samaritan H	ospital			Balti	lmore						
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY				TOWN OR LOCAT						10d. INSIDE CITY LIMITS?	
ਠ		imore		Cock	keysvil]	Le					1 TES EN	0
₹	10e. STREET AND NUMBER				101	ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?	
<u>E</u>	18 E King's Cro	ssing				21030			U.	S.A.		- 1
FUNERAL		2. WAS DECEDENT E FORCES? 1	VER IN U.S. ARME	D	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN?	(Specify Yea	or No-	14. RACE	- American Indian,	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR			1 TYES	ecify Cuban, Maxica 2 NO Specif	in, Puarto Ri y:	can, atc.)		Speci	t, White, atc.	
	3 X wroomed 4   Divorced										White	
ΕI	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	16a. DECE	DENT'S U	SUAL OCCUPATION  retired.)	ON st of working	16b.	KIND OF BUS	INESS/INC	DUSTRY		
<u> </u>		College (1-4 or 5+)										
P P	12th Grade		Switc	nboa	rd Supe	rvisor	Ch:	ildrer	ı's H	lospi	tal	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA			,			
BE	Daniel Edward	Higgs				Lilly	May	A11e	en			
6	19a. INFORMANT'S NAME (Type/Print)		19b. N	IAILING A	OORESS (Street e	nd Number or Rural	Flourie Numbe	r, City or Town	n, State, Zip	Code)		
-	David Arthur Cliff	ord	-6-	Cavv	acade	6 Calvacad	e Cour	t Balti	more,	MD.	21234	
	20e. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Remove	I from State			DISPOSITION (Na	me of	OATE	20c. LO	CATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)	ir from State	Greenmo	unt C	emeterv		8-3	Bal	timo	re.M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			22. NAME AT	S OF FA		_		air		
	> Kattle b	6			JOhn (	C. Miller	r. Inc					
- 74	Xarree In	· Mury	ny								. 21200	
ľ	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that ca it only ona cause	on each line.	n. Do no	t enter the mo	de of dying, auc	h aa cardi	ac or respi	ratory an	rest,	Approximate Interval Bets	
	IMMEDIATE CAUSE (Finsi		U								Onset and D	
	disease or condition resulting in death)	SEP OUE TO (OF	TIC.	SHO	CK							
1												
Z	Sequentially list conditions,	56	PTICE	AM.	A						FUR (4)	094
CERTIFICATION	if any, leading to immediate		AS A CONSEQUE								- (6)	0.4
2	CAUSE (Disease or injury		EUMO		<del>}</del>						28 X (?)	unys
E	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUE	NCE OF):							•	
H H	d			_							1	
	PART II. Other significant conditions of	contributing to da	ath but not rest	ulting in	the underlying	cause givan in	Part I.	24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FIND	POME
EDICAL	RENAL FALLIR	= HED,	ATIC A	mi	UPE	HEMA	-	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAU	
	RENAL FAILURE	1105	C 01	=	2 40 00	- 0 - 17 17	-	1 YES 2	10		OF DEATH?	
Σ	CHEET CATE	LYRE	4 62	-10 11	SAC NO	-KUUMAS	- 1				1 TYES 2 NO	
PHYSICIAN:		YRE										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			26. PL OTHER:	ACE OF DEATH (Ch	eck only one	)				
YS		inpetient 2 El		DOA 4	☐ Nursing Hom	e 5 🗌 Residenca	6 🗌 Other	(Specify)				
표	27. MANNER OF OEATH  1 Naturel 5 Pending	28a, OATE OF IN. (Month, Day,		8b. TIME	WO WO	RK?	28d. OE\$0	RIBE HOW I	YJURY OC	CUREO		
BY	2 Accident Investigation					ES 2 NO						
	3 Suicide 6 Could not be 4 Nomicide datarmined	26a. PLACE OF It building, atc.	NJURY — At home, (Specify)	tarm, str	eet, factory, offic			TON (Street a Town, State)	nd Number	or Rural A	loute Number,	
E	4 Nomicide datarmined											
5	29a. CERTIFIER (Check only	N: To the best of my	knowledge, death	occurred	at the time, date	and place, and due	to the caus	e(a) and man	ner aa atal	ted.		
COMPLETE	one) 2 MEDICAL EXAMINER:										) and manner as stat	ed.
H	The servers		MD			DU57	770		ZTG. DAT	- J	(Month, Day, Year)	
은	30. NAME A ADDRESS OF PERSON WHO CO DETUNIS ROY IMPE  31. DATE FILED (Month, Day Years)	OMPLETED CAUSE	DE DEATH OTEN -	7) /5: 0	ler(me)	VTJF	TU			8/1	174	
	DETAILS OF PERSON WHO C	CAUSE (	OF DEATH (HEM 2	i) (lype, P	min)	560	1 200	CH RA	TUEN	BL	VD	
Í	DEIVIVIS KOY IMPE	KW 500	MANY CAIN	MUS	110 1108	T. BA	17,1	UD?	2123	6		
	AUG 05 1994	THEORY ETHORS	SERRIA PROBLEM	Ц								



BALTIMORE, MARYLAND 21215-0020
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. To THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled fitting. Fours free death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF H	EALTH AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Florence	DRUMMOND				, 1994 TE	2:30 P M
	4. SOCIAL SECURITY NUMBER 217 -12 4839	0 /	YRS. F UNDER 1 YEAR DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 6 - 19	6.6	BIRTHPLACE (State or Foreign Country)
ROT N	90. FACILITY NAME (If not institution, give s	Source Hos	se BITT	O SEC	Ale	Balti	
DIREC	Pa. STATE 10b. COUNTY	1 0	Oc. CITY, JOWN OR LOCAT	more	9		10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5308 HAM	illow Aver Ad	123 0	21 20 2/20	6	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Newer Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEN FORCES? 1 YES 2 ZATO IF YES, OIVE WAR OR DATES		city Cubari, Maxicar	IC ORIGIN? (Specify Ye n, Puerto Rican, atc.)	s or No.— 14.	RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give k	DENT'S USUAL OCCUPATIO king of work done during mos (NOT use retired.)	N It of working	16b. KINO OF BU	SINESS/INDUST	HY
MP		Ale	mema	CEL			
	17. FATHER'S NAME (First, Middle, Last)	Rote		18. MOTHER'S NAM	ME (First, Middle, Malder	Surname)	ach.
	19a. INFORMANT'S NAME (Type/Print)	7 0 9 7 19b. M	IAILING ADDRESS (Street ar	nd Number or Rural B	Couted Number Sites of Tre	un State Zin Con	TOKINS
TO BI	mri Kudney	DRummon & 11	02B ale	msko	W. Ed.	F 556	x md 1122
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		DATE OF DISPOSITION (Nat	ne of	GATE 20c. U	CATION - City	or Toyyo, State
Ē	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE	- HEN	UIUS IIEI	n TANC	18 0	111101	Co, 1110.
examiner musi	Hosenh	2. Russ	22 NAME AN	DA POPLESS OF THE	155 FU	NEIA BA	110 md 2121
	23. PART I. Enter the disesses, or shock, or heart feilure.	complications that caused the deeth List only one cause on each line.	. Do not enter the mod	de of dying, such	ss cerdiac or resp	iretory srreat,	Approximata Interval Between
me menical	IMMEDIATE CAUSE (Fine)						Onset and Death
evelli, ii	resulting in death)	Diabetic Ketoac     Due to (or as a conseque					
		Presumptive Sep					i
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUE					
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury	с					
TI I	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):				
CEF		d					
CAL	PART II. Other significent condition	s contributing to death but not resu	ulting in the underlying	ceuse given in i	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICA	DID TORACCO LICE	CONTRIBUTE TO CALICE	OF BEATH W	FA 53 N/A			1 TES 2 NO
3 A	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO CAUSE					
YSICI	EXAMINER?	HOSPITAL: 1 ⅓ Inpatient 2 ☐ ER/Outpatient 3 ☐	OTHER:	ACE OF DEATH (Che			
<u>₹</u>	27. MANNER OF DEATH	28s. DATE OF INJURY 21	8b. TIME OF 28c. INJU	5 ☐ Residence	6 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED .
BY PH	1 🖾 Natural 5 🗌 Pending 2 🗍 Accident Investigation	(Month, Day, Year)	INJURY WOI				
ED E	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, building, atc. (Specify)	, farm, street, factory, offica		281. LOCATION (Street City or Town, State	and Number or R	tural Route Number,
		CIAN: To the best of my knowledge, death					use(a) and manner as stated.
TO BE COMPLE	296. SIGNATURE AND TITLE OF CERTIFIE	of alle		29c, LICENSE NUM	BER	29d. DATE SIG	GNED (Month, Day, Year)
F	L. Frydenborg,		n Square Dr	ive Bal	timore, M	D 2123	37
	31. DATE FILED (Month, Day, Year) AUG 0 5 1994	2. REGISTRAR'S SIGNATURE					



	TO DE COMPETED DV DUVEICIAN, MEDIONI OFFICIALION	TO BE
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IMPOR
and the second page of decrease the decrease as the decrease patents. Tages 1, 2, 3 Should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	be filed
r dearn. Page 6 may be retained by the hospital or attending physician.	UTHE HOSPILAL MATERIALISM PRINCE PROGRESSION TO SEASON CONTRIBUTION TO SEASON TO SEASON SEASON TO SEASON SE	O THE
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760	

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-714 8/18/94 t.t

	1 - STATE REGISTRAR	SIAIE UF			ICATE				MENTA	IL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	·								OF DEATH			3. TIME OF DEATH	
	Keith	ī	Dockins						MONT	m o	199	YEAR	0705 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	# UNDER		IF UNDER		7. DATE	OF BIRTH	199	8. BIRTH	IPLACE (State or Foreign	
3	214-84-5824	1 M 2 🗆 F	34	YAS.	MONTHS	DAYS	HOURS	MIN.	GMon	th, Day, Year)	7	Countr	20/	
- 1	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATH			NTY OF D	EATH	
OH	Vacant lot-	717	7.1		l R	al+.	imor	-						
ַל	PESIDENCE OF DECEDENT		ot.											
DIRECTOR	M. SIATE TOB. COOK	*		10c. CIT	Y, TOWN O	A /J							10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			101	2		ZIP COOE		***		40. 0.00		YES 2 NO	
FUNERAL		numen	T 5+	175	2120	5 101.	ZIP COUE	211			10g. CITI	ZA ZA	VHAT COUNTRY?	
	11. MARITAL STATUS		NT EVER IN U.S. ABI	MED.	13. 1	MAS OFCI	NDENT O	E HISPAN	VIC OBIGI	N? (Specify Yes	or No		— American Indian.	
	1 Never Married 2 Married	FORCES?			- 3	f yes, spe		ı, Maxica	n, Puerto	Rican, etc.)		Black	c, White, atc.	
BY	3 Widowed 4 Divorced		THIN ON DATES			_ 163	- Japan	Specin	y.			Spec	IACK	
	15. DECEDENT'S EDI (Specify only highest grad		16a. DEC	CEDENT'S	USUAL OC	CUPATIO	N t of workin	a	166	b. KIND OF BUS	SINESS/INC	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	///0	Do NOT u	se retired.)	1	0							
COMPL			M	nes	MPE	Lyc	1							
- 1	17. FATHER'S NAME (First, Middle, Last)	1)	hin -			0	16. MOTH	ER'S NA	ME (First,	Middle, Maiden	Surname)	_		
H H	19a. INFORMANT'S NAME (Type/Print)	NOC.	Kins	****				KH	-2 =	- 7	une	5		
2	COAL - DO	110	190	MAILING	ADDRESS	(Street at	nd Number	or Rural I	Route Nun	nber, City or Tow	n, State, Zip	Code)	21205,	
	20a METHOD OF DISPOSITION	XINS	20b. PLACE A	ND DATE	OE DIEBOR	TION (No.	1//	pn	um	en1 3	CATION —	611	70 ·md-	
	1 Burial 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	novet from State	complery, crer			em.	ne (ii		8/3	200.00	Sal	City or 10	Min, State	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		5101	22. 1	NAME AN	D AOORES	S OF FA	CILITY	7 gc 1-	-11/1		· cer .	
	Water's	Ritt	_			0 -	+	_			11	2/4	0554	
	23. PART I. Enter the diseases, or	complications th	et caused the de-	nth Do	not enter	3 C-/	lo of dul	1-4	10	en/	Bna	211	29 N. CARSlin.	
	shock, or heart failure.	Liat only one ca	use on each lina.		not antai	tha mot	e or dyn	ing, auci	ii as cai	diac or respi	retory are	wat,	Approximsta Intervsi Between	
- 1	IMMEDIATE CAUSE (Final disease or condition	ACHTE N	ARCOTIC,CO	CATNE	AND /	VI COU	T IC	'OVTC	AT TON	I			Onset and Death	
	resulting in death)		O (OR AS A CONSEC			LCOIN	JL 1111	IONIC	ATTON	<u> </u>				
z		b.												
HIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQ	UENCE O	F):									
5	cause, Entar UNDERLYING CAUSE (Disease or Injury	c												
	that initiated events reaulting in death) LAST	DOE IC	OR AS A CONSEQ	UENCE O	F):								i	
		d												
4	PART II. Other significant condition	na contributing to	daath but not re	sulting	in the un	derlying	cause g	iven in	Part I.	24a. WAS AN PERFOR	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
2										VES 2			COMPLETION DF CAUSE DF DEATH?	
MED												- 1	1   YES 2   NO	
	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF DEAT	TH YE	ES 🗆 1	10 🗆	UNC	ERTAIN	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	E OF OEA	TH (Check of									
PHTSICIAN:	1 X YES 2 NO		ER/Outpatient 3		4 🗆 Nurs	ing Home	5 🗆 Re	sidence				cene	2	
2	27, MANNER OF DEATH  1 Natural 5 Pending	28e. DATE Of (Month, I	Day, Year)	26b. TIM INJ	IURY	28c, INJU WOF	HC?			SCRIBE HOW I	NJURY OCC	CUREO		
20	2 Accident Investigation	FOUND 8	-4-94 OF INJURY — At hor	UNKN			ES 2)[]	NO	UNKN	OWN CATION (Street a	and Mumbas	or Privat C	10.11	
3	3 Suicide 8 XXCould not be 4 Homicide determined	building	, etc. (Specify)		streat, rect	ny, omca		- 1	City	or Town, State)			N. CHAPEL ST.	
	29a. CERTIFIER		ON VACANT L						BALT					
MPLE	Check only  2 XMEDICAL EXAMIN	ER: On the best of											CONTRACTOR OF	
3		<i>I</i> '	The state of the s		, , , , , , , , , , , , , , , , , , ,	p.1111011, 04				e end piace, an				
4	29b. SIGN TURE AND TITLE OF CERTIFIE	- peli o	MAN				29c. LICE	NSE NUN	ABER		29d. DATE	E SIGNED	(Month, Day, Year)	
N.	- accert	- V-V-	- WI		Dist			O.C	M. F		A1	10115	st 4 1994	
- 1	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITEM	271 /5										
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	)											
2	30. NAME AND ADDRESS OF PERSON WITH A COLOR OF STREET AUG 0 5 1994	1 M	)			Str	eet	B	alt	imore,	_Ma:	ryla	and 21201	

Û. A Company of the ITEM: 4

ITEM: 1 per Hosp. & F.H G-714 8/5/94 reb

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	1 - STATE REGISTRAR		CERTIFIC	ATE OF			REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) KE	ITH A. GILL	E VER	2#	CI	2. DATE OF	7 DAY 2	5 74	3. TIME OF DEATH
		SEX 8. AGE (		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	P BIFTTH Day, Year)	8. BIFTTH Countr	PLACE (State or Foreign *)  M. M. M. M. M. M. M. M. M. M. M. M. M. M
OR	96. FACILITY NAME (If not institution, give stree PAAU FSK	t and number)	96	Bq	OR LOCATION OF DE	EATH	9c. (	COUNTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	ATION		M.A.		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2543 W. F	tollins S	+	10	OH, ZIP CODE	23	10g.	CITIZEN OF W	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexica S 2 D NO Specifi	in, Puerto Ric		- 14. RACE Black Speci	- American Indian, t, White, etc.
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		16a, DECEDENT'S USI (Give kind of work life. Do NOT use re	done during m	ION lost of working	16b, K	CIND OF BUSINESS	/INDUSTRY	Dace
COMPL	17. FATHER'S NAME (First Middle, Last)	0.11			18. MOTHER'S NA	ME (First, Mic	ddle, Maiden Surnar	ne)	
TO BE	19a. INFORMANT'S NAME (Ippe/Print)	auson	19b. MAILING AD	DRESS (Street	and Number or Rural	Route Number	City or Town, State	a, Zip Code)	1 71715
	29. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	206	PLACE AND DATE OF D	place) Sta	lama of Cery	1/27/g	20c. LOCATION	N — City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	alrea)	<i>O. M. y</i> - <b>V</b> <i>t t t t t t t t t t</i>	22. NAME A	IND ADDRESS OF FA	CILITY 2001	t	07/30	71.0 ) .07
	23. PART I. Enter the diseases, or con ahock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	A LD	d the death. Do not ach line.	enter tha m	ode of dying, auc	th se cardle	ac or reapiratory	/ arreat,	Approximate interval Betwee Onset and Dast 3 4 Cap
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):						
MEDICAL CE	PART II. Other algnificant conditions of	contributing to death b	ut not resulting in t	he underlyir	ng ceuse given in		24s. WAS AN AUTOI PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		IOSPITAL:	Q	THER:	LACE OF DEATH (Ch				
	27. MANNER OF DEATH  1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN	JURY AT ORK?  YES 2 NO		Specify) RIBE HOW INJURY	OCCURED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, offi	ce	28f, LOCAT City or	TON (Street end Nu Town, State)	mber or Rural F	Boute Number,
COMPLE	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER:								) and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 truet			DY57	MBER 46	29d.	DATE SIGNED	(Month, Day, Year)
2	Joseph M.	- VINETE	.M. D	Joh	us Hop	bins	Hospi	tal	
	31. DATE FILED (Month, Day, Near) AUG 0 5 1994	32. REGISTRAR'S SIGN	WIRE WELL			7 5			

white see the first see a new and

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pure after the feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION And the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

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1 - STATE

′	REGISTRAR		CERTIF	ICATE O	PUEAIR	REG. NO.			
		zabeth	FAR	MER		2. DATE OF DEATH	1994 YEAR	3. TIME OF DEATH 10:00 am	
	212-32-1751	□ M 2 KXF	YRS. MONTHS DAYS HOURS MIN. TOP			7. DATE OF BIRTH  Dec. 10.	e of Birth nth, Day Year) C. 10. 1913 SirthPLACE (State or Foreign Country) Virginia		
BO BO	9a. FACILITY NAME (If not Institution, give stree Saint Joseph Hospita				or Location of D		9c. COUNTY OF	OEATH TITTORE	
15	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland			timore				10d. INSIDE CITY LIMITS?  11 Y YES 2 NO	
	10e, STREET AND NUMBER				10f. ZIP CODE		40 00000000		
FUNERAL	247 W. 31st Street				21211		USA	WHAT COUNTRY?	
5	R .	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No.— 14, RA	CE — American Indian,	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ES 2 NO Specif	n, Puerto Rican, etc.) y:		ack, White, atc. ecity: White	
l 🔐	15. DECEDENT'S EDUCAT	ION	16a. OECEDENT'S	LISUAL OCCUPA	TION	145 KIND OF BUIL	SINESS/INDUSTRY		
ONCE.	(Specify only highest grade cor		(Give kind of v life. Do NOT us	vork done during e retired.)	most of working	196. KIND OF BUS	SINESS/INDUSTRY		
ᆈ	0		Home m	aker					
0 3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
, i	Joseph Fields				Laurie		3		
BE	19a, INFORMANT'S NAME (Type/Print)							<del></del>	
TO BE	Ms. Nancy Schmidt					Route Number, City or Town Baltimore,		11	
MUST DE	20a METHOD OF DISPOSITION 1/LXBurlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of from State 20b. F	PLACE AND DATE OF			DATE 20c. LO	cation - city or		
examiner must be	21, SIGNATURE OF FUNERAL SERVICE LIGHT	SEE			ANO ADDRESS OF FA	outy 11 Home, In	nc.		
2	Jan +/a	Me h				Road Balti		D 21206	
CERTIFICATION	shock, or hear failure. Lis iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A C	PNEUMON CONSEQUENCE OF	ī): ī):				interval Between Onset and Death 9 DYS	
	a								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  MULTIPLE MYELOMA WITH HYPERCALCEMIA  248. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2								
3 A	25. WAS CASE REFERRED TO MEDICAL								
HYSICIAN:	EXAMINER?	SPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)			
× S	1 TES 2, NO	Ninpatiant 2 ☐ ER/Outpet	lent 3 DOA		me 5 🗆 Rasidence	6 Other (Specify)			
13	27. MANNER OF OEATH  1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY	NJURY AT WORK?	28d. OEŞCRIBE HOW II	NJURY OCCUREO		
ED B	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY – building, atc. (Specify	At home, farm, a	treet, factory, of	lce	281. LOCATION (Street a City or Town, State)	and Number or Rura	il Route Number,	
BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: (	N: To the best of my knowled						ofa) and manner on stated	
<b>E</b> 0				, , , , , , , , , , , , , , , , , , , ,		piece, air			
	296. SIGNATURE AND TITLE OF CERTIFIER	de feon	, m.	D,	29c. LICENSE NUI D 19508		29d. DATE SIGN	ED (Month, Day, Year)	
₹ 2	38. NAME AND ADDRESS OF PERSON WHO C	ON, M.D., 7620	YORK F	Print), TOV	SON, MD.	21204	9/	7./ / /	
	31. OATE FILED (Month, Day, Year) AUG 0 5 1994	he divolor for	المال						

ASSESSED ASSESSED.

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPA CERTII			MENTAL HY	Car Turk	AS P M	
3	1. DECEDENT'S NAME (First, Middle RAGY ROY	Halal "A"	MARTIAZ FOR	MAN	4 2	2. DATE OF DE	DAY	YEAR 1950	
	4. SOCIAL SECURITY NUMBER	5. SEX /	6. AGE (In yrs. last birthday,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIT (Month, Day,	TTN 8	BIRTHPLACE (State of Country)	
-	90. FACILITY NAME (If not institution	ion, give street and number)			OR LOCATION OF DI				
CTOR	RESIDENCE OF DECEDE	ENT	LTIMORE	TY, TOWN OR LOCA	MORE		BAC	T. CITY	
DIRE	10a. STATE 10b.	BAUT. C	MOR	NORE					
FUNERAL	100. STREET AND NUMBER				1. ZIP CODE	A	10g. CITIZE	en of what country	
FUNI	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. ARRED		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cubar; Mexican, Puerto Rican, stc.)				
D BY	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		2 7 10 Specifi			B/ACK	
LETED	15. DECEOEN (Specify only highe Elementary/Secondary (0-12)	NT'S EDUCATION nest grade completed)  College (1-4 or 5	(Give kind of	S USUAL OCCUPATE work done during mo use retired.)		16b. KIND	OF BUSINESS/INDU	STRY	
COMPL	1 FATHER'S NAME (Fyst, Middle,	Layl	KOA	by	18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)		
111	MICHAES V190, INFORMANT'S, NAME (Typo/Pr	1 Forn	FORMAN ROBIN WILSON  196. MAILINO ADDRESS (Street and Nyfriber or Pyfrei Route Number) City or Town, Signe, Zip Code),						
TO BE	M'S KODIN	Wilson	196. MAILIN	29 We D	and Nymber or Peral.	CAU	y or Town, Stape, Zip C C, DA/	To moda	
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donation 5 Other (Speci		20b PLACE AND DATE		ome of Pom	DATE	20c. LOCATION — CH	ity or Town, State	
	21. SIGNATURE OF FUNERAL SER		1	22. NAME AL	NO ADDIESS OF FA	2455	FYNE	Al Han	
	23. PART I. Enter the diseas	M J , K	dissipation of the death Do	222	2W.K	orth.	AUR, B	4/10-1n	
	shock or heart	fallure. List only one ca	at caused the death, bo				r reapiratory arrea	at, Approx	
	IMMEDIATE CAUSE (Final	1	use on each line.	not enter the me	de of dying, suc				
		. Ext	use on each line.	REMA				Onset 30	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. EXT OUE TO	REME FOOR AS A CONSEQUENCE OF RACRAMI	PREMA OF): AL HE	TURIT	Υ		Onset 3a	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO DUE TO DUE TO HY	REME FOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF ALINE M	PREMA OFFI: AL HEI OFFI: NEMBO	TURIT	HAGG		Onset 3a	
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. INT  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	REME PO (OR AS A CONSEQUENCE OF AS A CONSEQUEN	PREMA OFFI: AL HEI OFFI: NEMBO	TURIT	HAGG		30 24 30	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. INT DUE TO C. HY DUE TO C. S d. S	REME PO OR AS A CONSEQUENCE OF AS A CONSEQUENC	PREMA OF): AL HE OF): 1 EMB(1) OF):	MORR	HAGG DISE	YAS AN AUTOPSY	Onset 30	
DICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions.	b. Interpretation of the state	REME PO OR AS A CONSEQUENCE OF AS A CONSEQUENC	PREMA OF): AL HE OF): 1 EMB(1) OF):	MORR	HAGG DISE	NE	Onset  30  24  30  30  24b. WERE AUTOPS AMBLABLE PR COMPLETION OF DEATH?	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in the significan	b. INT DUE TO LY C. DUE TO d. Si onditions contributing to	REME PO OR AS A CONSEQUENCE OF AS A CONSEQUENC	PREMA OF):  AL HE OF):  1 EMB(0) OF):	MORR WWE	Part 1.   24a.	YAS AN AUTOPSY PERFORMED?	Interva Onset:  30 30 30 24b. WERE AUTOPS ANALABLE PRI COMPLETION OF DEATH? 1  YES 2	
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions.	b. INT DUE TO  C. HYY  DUE TO  d. Se  DICAL HOSPITAL:	REME PO OR AS A CONSEQUENCE OF AS A CONSEQUENC	PREMA OF): ALHE OF): 1 EMB(0 OF): 1 In the underlyIn 28. PI	MORR	HAGG DISE Part I. 24a.	MAS AN AUTOPSY PERFORMED? YES 2 □ NO	Onset  30  24  30  30  24b. WERE AUTOPS AMALABLE PRI COMPLETION OF DEATH?	
IVSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in deeth LAST  25. WAS CASE REFERRED TO MEDIA CAUSE (DISEASE) TO MEDIA CAUSE (DISEASE	b. JUE TO  DUE TO  L. DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO	REME O (OR AS A CONSEQUENCE OF A CRAM) O (OR AS A CONSEQUENCE OF A CONSEQU	OF:  ACHE  OF):  PEMBO  OF):  1 in the undartyin  26. Pi  ATHER:  4   Nursing Non  ME OF   28c. INI  WUNY  WE WE WE WE WE WE WE WE WE WE WE WE WE W	MORR  CAWE  G Cause given in  LACE OF OEATH (Ch	Part I. 24a.  Peck only one)  6 Other (Spec	MAS AN AUTOPSY PERFORMED? YES 2 □ NO	Onset  So  So  So  So  So  So  So  So  So  S	
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant or LAST  PART II. Other significant or LAST  25. WAS CASE REFERRED TO MEDIAN INTERPRETAINMER?  1 YES 2 AO  27. MANNER OF OEATN  1 Natural 5 Pendil Invest 3 Suicide 8 Could	b. Due To c. Hyperital: 1 Direct to the property of the proper	REME O (OR AS A CONSEQUENCE OF A CRAM) O (OR AS A CONSEQUENCE OF A CONSEQU	OF):  AL HEI OF):  PEMB(2) OF):  26. PI OTHER: 4   Nursing Non ME OF   28c. IN. MUJUHY   WC M   1   1	MORR  GRAVE  GRA	Part I. 24e.  Part I. 24e.  Other (Spec 28d, OESCRIBE	WAS AN AUTOPSY PERFORMED? YES 2 NO	Onset  30  24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1  YES 2	
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in the condition of the condition of the condition of the cause. The condition of the condition of the cause of the cause of the condition of the cause of the cau	b. DUE TO  C. HYY  DUE TO  d. Si  DICAL HOSPITAL: 1 Pinpatient 2  28a. DATE Of (Month, in Month)  d not be mined	REME  O (OR AS A CONSEQUENCE OF A C RAN)  O (OR AS A CONSEQUENCE OF A C N E N  O (OR AS A CONSEQUENCE OF A C N E N  O (OR AS A CONSEQUENCE OF A C N E N  O (OR AS A CONSEQUENCE OF A C N E N  O (OR AS A CONSEQUENCE OF A C N E N  O (OR AS A CONSEQUENCE OF A C N E N  O (OR AS A CONSEQUENCE OF A C N E N E N E N E N E N E N E N E N E N	OF):  ACHE  OF):  PEMBC  OF):  28. PI  OTHER:  4   Nursing Nor  ME OF  JURY  M  1    atreet, lactory, office	MORR  Grause given in  LACE OF OEATH (Ch	Part I. 24a.  1 DISE  Part I. 24a.  1 Coccept Construction City or Rown	WAS AN AUTOPSY PERFORMED? YES 2 NO Sifty) HOW INJURY OCCU (Street and Number or n, Stete)	Onset  30  24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1 VES 2	
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in the cause of injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in the cause of the cause o	b. Due To c. Hyperital: 1 Direct to the property of the proper	REME  O (OR AS A CONSEQUENCE OF A CRANIC OF INJURY — At home, ferm, stc. (Specify)	OF):  ACHE  OF):  PEMBC  OF):  28. PI  OTHER:  4   Nursing Nor  ME OF  AURY  M 1    street, lactory, office	G Cause given in  LACE OF OEATH (Che 10 F OEAT	Part I. 24a.  Part I. 24a.  1 □  eck only one)  6 □ Other (Spec  28d. OESCRIBE  28f. LOCATION City or Row.	WAS AN AUTOPSY PERFORMED? YES 2 NO Sify) HOW INJURY OCCU (Street and Number or n, Stete)	Onset  30  24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1  Yes 2	
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in the cause of injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions in the cause of the cause o	DUE TO  DUE TO	REME  O (OR AS A CONSEQUENCE OF A CRANIC OF INJURY — At home, ferm, stc. (Specify)	OF):  ACHE  OF):  PEMBC  OF):  28. PI  OTHER:  4   Nursing Nor  ME OF  AURY  M 1    street, lactory, office	G Cause given in  LACE OF OEATH (Che 10 F OEAT	Part I. 24s.  Part I. 24s.  1   eck only one)  8  Other (Spec  28f. LOCATION  City or Row  to the cause(e) time, date end p	WAS AN AUTOPSY PERFORMED? YES 2 NO  Silly) HOW INJURY OCCU (Street and Number of n, Stete) and manner as stated lace, end due to the	Onset  30  24b. WERE AUTOPS AMALABLE PR COMPLETION OF DEATH? 1  Yes 2	

Alle Market

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hospital or attending physician. On the abstract of the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should also Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: (free be filed within 72 hours after leath IMPORTANT: It liem 28 is h

	FOR
1	STATE
u	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF		-		3. TIME OF DEATH
	LOUIS C	ARL	FIO	RUCC:	SR.		MONTH 8	DAY 4	9.	YEAR 4	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF I	BIOTH			PLACE (State or Foreign
	210 02 5110	1 (J M 2   F		YRS.	MONTHS DAY		(Month. De	er. Year)	- 1	Country	y)
	218-03-5118	21	87	THS.			JUNE	20,19	907 MARYLAND		
_	9e. FACILITY NAME (If not institution, give :	street and number)				OR LOCATION OF D	EATH		9c. COUNT	TY OF D	EATH
DIRECTOR	1203 Cochran Av	e.			Bal	timore					
5	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNT MARYLAND	Υ			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
ā	MARILAND			BA	ALTIMOR	E,					1 X YES 2 NO
7	10e. STREET AND NUMBER	-			T	10f. ZIP CODE			10g. CITIZ	EN OF W	/HAT COUNTRY?
FUNERAL	1203 COCHRAN AVE	ATTTT				21239				US	
Z	tt. MARITAL STATUS	7	T EVER IN U.S. ARI	uep.	40 300 0				- I		
립	1 Never Married 2 Merried	FORCES? 1	YES 2 N	0	If yes,	ECENDENT OF HISPA specify Cuben, Mexic	NIC OHIGIN? (S an, Puerlo Rica:	pecify Yes o n, etc.)	or No-	14, RACE Black	American Indian, , White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES X		1 🗆 Y	ES 2 NO Speci	ly:		ı	Specific	ÎTE
		1									1116
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(GA	ve kind of a	VORk done during	TION most of working	16b. KIN	ID OF BUSI	NESS/INDU	STRY	
iu	Elementery/Secondary (0-12)	College (1-4 or 5		Do NOT us		NGINEER	RA	T.TO	GAS	c FT	LECTRIC
P P	4.2	6	5.	INOC.	IOIMI L	MOTIVELL	I DA	што.	GAD	O LI	ILC I I I C
ō	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Middl	le, Meiden Si	umeme)		
0	RAYMONDO		FI	ORUC	CI	ROSA				RAN	CONI
BE	19e. INFORMANT'S NAME (Type/Print)		101	MAILING	ADDRESS (Stee	d and Number or Burn	Onute Muntan	Dia T	On a The A	0-4-1	
2	MARWILLIS K. FIO	RUCCI	190	1203	COCHRA	nt and Number or Rural N AVENUE	BALTIM	ORE .	MD.	2123	39
	20a METHOD OF DISPOSITION 1 IS Buriel 2 Cremation 3 Rem	owel from State			OF DISPOSITION		8/6/94	20c. LOC/	ATION - C	tty or To	wn, State
	4 Donation 5 Other (Specify)				MEMORIA	L CEM.	8/6/94	BALT	IMOR	E, P	ID.
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE JOHN	E. DOLAI	V		AND ADDRESS OF FA					
- 1	Viol El	. /	2. 20111		Ruc	Towson	Funera.	l Hom	e, Ir	nc.	
	your /s	man			105	York Rd	. Tows	on. M	d. 2	1204	
	23. PART I. Enter the diseases, or	complications the	t ceused the de	eth. Do r	ot enter the	node of dying, suc	ch ss cardiac	or respire	tory arre	st,	Approximate
	shock, or heart fallure.  iMMEDIATE CAUSE (Finel	List Dnly Dne cat	ise on each line.		,	/					interval Between Onset and Death
	disease or condition	4101	talia	0		CARC	1 1	1.1			Onset and Death
l	resulting in death)	· ruera	SVATTC	200	ect 4	CHIKC	MON	71-			6 YEARS
		DOE TO	(OR AS A CONSEC	UENCE O	F):						}
Z	Sequentially ilst conditions,	b									
Ĕ	if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):						
3	CAUSE (Disease or injury	c									
드	that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):						
E	resulting in death) LAST	d.									
ᄬ											
EDICAL CERTIFICATION	PART ii. Other algnificant condition	na contributing to	death but not re	sulting	in the underly	ing cause given in	Part i. 24	. WAS AN A		24b.	WERE AUTOPSY FINDINGS
5								PERFORM	V		AVAILABLE PRIOR TO COMPLETION DF CAUSE
							''	YES 2	Juo		OF DEATH?
Σ	DID TOBACCO USE	CONTRIBUTE	TO CALL	E OF	DEATH	VEC ET NIC		,			1 YES 2 NO
PHYSICIAN:		CONTRIBUTE	IU CAUS	E OF							
हे ।	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	neck only one)				
S	t TYES 2 NO		ER/Outpatient 3	□ DOA	OTHER:	ome 5 Residence	8 Other (Sp	pecify)			
£	27. MANNER OF DEATH	28e. DATE OF		28b. TIM		NJURY AT	28d. DESCRI	BE HOW IN	JURY OCCI	URED	
	1 Netural 5 Pending	(Month, D	ey, Year)	INJ		WORK?					
B	Accident Investigation	28a PLACE O	F INJURY — At hor	no form			004 1 004710	101 /04	d Atropher		
	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	., .	arreer, ractory, o	nes	28f. LOCATIO City or To	wn, Stete)	d Million C	ir muraii n	oute Number,
E 1											
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, der	ith occurr	ed at the time, d	ate end place, end du	to the cause(s	s) end mann	er as state	d.	
3	one) 2 MEDICAL EXAMINI										and manner as stated
COMPLET				J/-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,			/
BE	296. SIGNATURE AND TITLE OF CERTIFIE	A /				29c. LICENSE NU	MBER	/	29d. DATE	SIGNED	(Menth, Day, Year)
	uc to	Sur	VMD			1 02	533/	/	5	3/4/	194
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAU	SE OF DEATH (ITEM	1 27) (Type,	Print)						
	Dr. Eric Fisher	1900 E	Norther	n Pk	7,77,7						
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	4.3%					-		
	AUG 0 5 1994		Radall								

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**DIVISION OF VITAL** 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)	01 10 0 0 11	. 11 - 0		2. DATE OF DEATH		3. TIME OF DEATH
		Shirley Ma	y Hormes		August 1	1994	10:12 P M
	4. SOCIAL SECURITY NUMBER	100000000000000000000000000000000000000		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	0. BIRT	THPLACE (State or Foreign
	235⇔52⇔2295	1 □ M 2 💢 F 59	YRS.	ITHS DAYS HOURS MIN.	10/26/193		rginia
~	9a. FACILITY NAME (If not institution, give st		96	CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY OF	DEATN
ğ	Fallston General	Hospital		Fallston		Harfo	rd County
E C	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d, INSIDE CITY
E I	Maryland	Harford		Roll	camp		LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER			101. ZIP CODE	County	10g. CITIZEN OF	WHAT COUNTRY?
EH	4303 Hampton Hal	'l Court		2101	7	United	States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Yes		CE — American indian, ck, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, OIVE WAR OR DA		If yes, specify Cuban, Maxico	fy:		ictly:
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	AL COCURATION	Lai viva es sue		White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work life. Do NOT use ret	done during most of working	16b. KIND OF BUSI		tu Donald
립	Elementary/Secondary (0-12)	College (1-4 or 5+)  1 Ye.W.	Cafeter	a Aid		ucation	ty Board
8	17. FATHER'S NAME (First, Middle, Last)	. , , , , ,	canocoo		AME (First, Middle, Maiden S		
BE	_ James Bice			Elsie	Neal		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	PRESS (Street and Number or Rural		State, Zip Code)	
- 1	Lonnie Holmes		4303	Hampton Hall	Court Belc	amp, MD	21017
- 1	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rame	oval from State 20b.	PLACE AND DATE OF Di	SPOSITION (Neme of place)	1=101	ATION — City or	
	4 Donation 6 Other (Specify)		t. Pleasar	t Cemetery 8/		ltville	, VA
	241			Duda-Ruck Fi		of Dun	dalk. Inc.
_	Ft	- L		7922 Wise A	ie. Dundal	k. Maru	land 21222
	28. PSRI i. Enter the diseases, or o shock, or heart failure.	complications that caused List only one cause on ea	the death. Do not on the children in the child	enter the mode of dying, suc	ch aa cardiac or reapin	atory arrest.	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Park	105100'5	Lineare			Onset and Death
	resulting in death)		CONSEQUENCE OF):	useare			
_		DOL TO (ON AS A	CONSECUENCE OF):				i l
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c					
	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
5		1					
AL.	PART II. Other algoriticant condition	s contributing to death bu	it not resulting in th	e underlying cause given in	Part I. 24a. WAS AN A		b. WERE AUTOPSY FINDINGS
ջ	Uspira	tra men	m.a		PERFORM 1 YES 2 (		COMPLETION OF CAUSE OF DEATH?
MEDIC							1 TYES 2 TO
z	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF D	EATH YES   NO	N N		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (C)	heck anly one)		
<u> </u>	1 TYES 2 NO	1 Impatiant 2 ER/Outpa	tient 3 DOA 4	Nursing Nome 5 - Residence			
- 4	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— Al home ferm stree	M 1 YES 2 NO	28f. LOCATION (Street an	ed Mumber or Burni	I Charles Marshau
	4 Homicide 8 Could not be detarmined	building, etc. (Specia	(y)	,,	City or Town, State)	id Namber of North	Name Name .
٦	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	idos death occurred at	the time, data and place, and due	to the seconds) and many		
COMPLETED				my opinion, death occured at the			(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU			D (Month, Day, Year)
出	John I	-X X		M2 83	35	18/1/	9
임	30. NAME AND ADDRESS OF PERSON	O COMPLETED CAUSE OF DEA				- /	
	LINDA FREILIN	h M. D. 101	E. Whee	el Rd. Bel	Air MO	210	15
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DIVISION OF VITAL RECORDS, I	Č
	COLTAIL OD ATTENDIAL DUNCINIAN. The Jam remises that the death restificate he oversited within
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH James Harper AUGUST 03 05:50 AM 94 A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH R. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS 4-23-14 218-01-7672 HOURS Va. 1 X X 2 □ F 80 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore XX YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1822 Harlem Ave. funeral director, page 5 should be detached for use as the burial-transit 21217 USA ifter death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 YES 2 NO 1 Never Married 2 Merried 1 TES 2 NO Specify. BY 3 Widowed 4 Divorced Black 9 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET Elementery/Secondary (0-12) College (1-4 or 5+) Laborer Railroad 8th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) ಹ Wyett Harper Lucille BE Harper notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Smith Harlem Ave. Baltimore, Md. 21217 pe 20 METHOD OF DISPOSITION
Surial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Zion Cem 8-6-94 Lansdowne 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Albert P.Wylie F/H PA 638 N.Gilmor filled in by the St. 21217 medical 23. PART I. Enter the diseases, or commerciations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween 6 IMMEDIATE CAUSE (Final **Onset and Death** the cremation, disease or condition resulting in deeth) pletely PNEUMONIA Hours event, DUE TO (OR AS A CONSEQUENCE OF): n and comp to burial, c DAY ASPIRATION traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate attending physician S / P CEREB DUE TO (OR AS A CONSEQUENCE OF): CAUSE Enter UNDERLYING CEREBROVASCULAR ACCIDENT III DAYS CAUSE (Disease or injury the attending phy I Mental Hygiene r or other that initieted events reaulting in death) LAST 23 shows any Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL signed by the COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 0 NO has been Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO |X PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL:

1 1 Inpatient 2 ER/Outpatient 3 DOA **EXAMINER** OTHER: 1 X YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 0 the 27. MANNER OF DEATH 26e. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 X Natural м 1 YES 2 NO AUGUST 02, PATIENT UNABLE TO CLEAR SECRETION 94 ВҰ After 1 Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be determined COMPLETED DIRECTOR: after 4 Homicide 28 HEALTH MARINER CARE 2700 N. CHARLES ST BALTIMORE, MD BUILDING hours ltem. 29s. CERTIFIER

(Chack ank.)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. FUNERAL WITHIN 72 P 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner se stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8

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SU. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

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AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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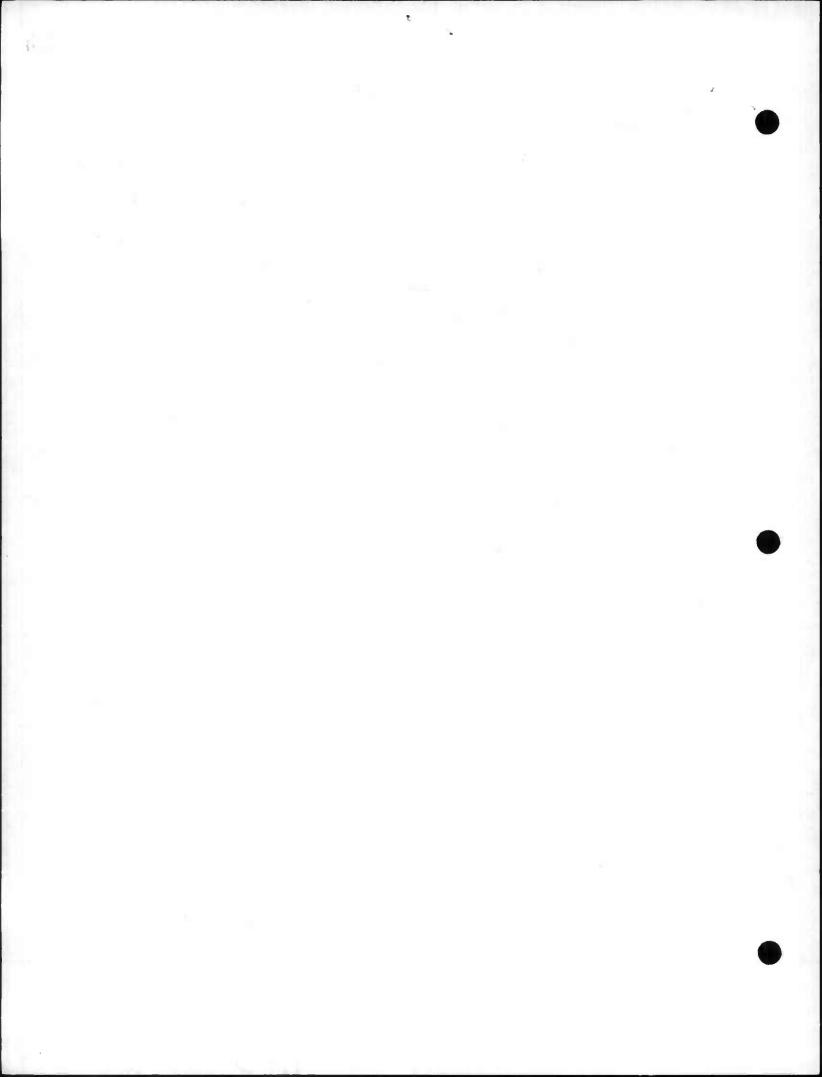
A REGISTRARYS SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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31. DATE FILED (Month, 1994 Year)
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1. DECEDENT'S NAME (First, Middle, Last) Jef 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 2 DAYS 1 M M 2 - F use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, JOWN OR LOCATION DIRECTOR STATE VN OR LOCATION FUNERAL 10a. STREET MAS DECEDENT EVER IN U.S. 13. WAS DECENDENT OF 1 Affiver Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 LAND specify Cui 1 TES 2 THO BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for must be notified at once. 17. FATNER'S NAME (First, Middle, Last) BE 19b. MAILING ADDRESS (Str. 2 METHOD OF DISPOSITION
Burlel 2 Cremetion 3 Ren 20b. PLACE AND DATE OF DISPOSITION ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dyin shock, or heert fellure. List only one ceuse on each line. **IMMEDIATE CAUSE (Final** or other traumatic event, the disease or condition executed within Pancreatitis reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): AIDS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OR ATTENDING PHYSICIAN; The law requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse give PHYSICIAN: MEDICAL in 28 is marked, or item 23 shows any DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEA HOSPITAL:
1 Sinpatient 2 ER/Outpetient 3 DOA OTHER 1 YES 2 NO 4 Nursing Home 5 Resi 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28c. INJURY AT Netural 1 YES 2 BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide ETED. 6 Could not be 4 Nomicide

29b. SIGNATURE AND TITLE OF CERTIFIER

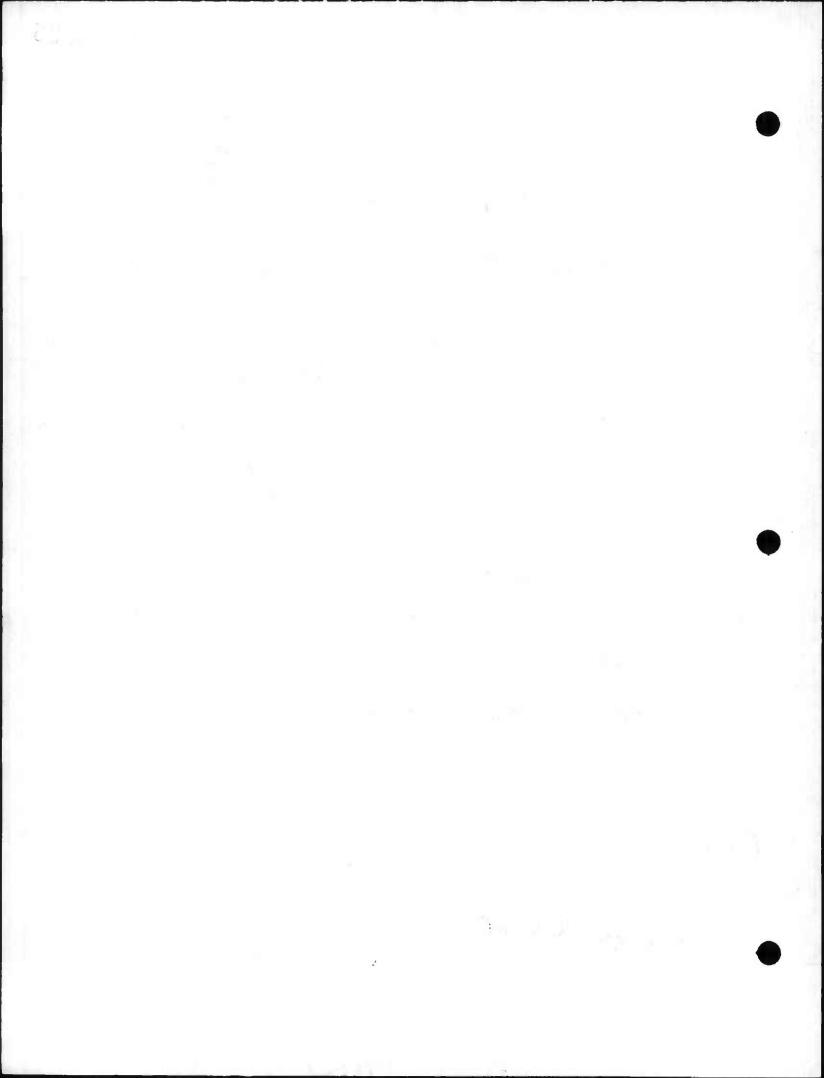
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

SI. DATE FILED (MONTH), Day, YOU'S July 10 1944 AUG 0 5 1994

BE 2 FOR STATE REGISTRAR

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AR	STATE OF MA	CERTIFIC			MENIAL	REG. NO.		
NAME (First, Middle, Last)		4 2			2. DATE C			3. TIME OF DEATH
Jef IRITY NUMBER	Frey 1 5. SEX 6.	1. Irvir			MONTH	8	94	16.53 M
62-4049	1 M 2 🗆 F	4-	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Dey, (0er) 65	. BIR	ITHPLACE (State or Foreign Intry)
ME (If not institution, give s	treet and number)		96. CITY, JOWN O	TIMOVE	ATH	· Tu 80	COUNTY OF	DEATH
OF DECEDENT						1		γ
land		10c. CITY,	A / 5	more		V		10d. INSIDE CITY LIMITS?  1 YES 2 NO
+ MORI	AUIA	Rd.	101	2/2/4	,	10-	CITIZEN O	S, A
NTUS Hed 2  Merried 4  Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, spe	ENDENT OF HISPAN acity Cuben, Mexica 2 D NO Specify	n, Puerto Ri		lo— 14. RA BI Sp	ACE — American Indian, ack, White, atc.
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econdary (0-12)	College (1-4 or 5+)	DISA	bilit	4				
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PAME (Type/Print)	1. Truin	19b. MAILING A	DOPESS (Street o	nd Number or Bural I	Today Nýmbe	r, Clay or Town, St	nte, Zip Code)	malaine
F DISPOSITION  Cremetion 3 Rem	oval from State	20b. PLACE AND DATE OF cemptery, crematory or other		me of ,	87E	20c. LOCATI	ON — City or	Town, State
5 Other (Specify)		LOUGO		nK_	16	BK	110.	(o, 100,
of FUNERAL SERVICE LIC	CENSEE /	(Ma)	27. NAME AN	D ADDRESS OF FA	975	FUN	CHAI	Home
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

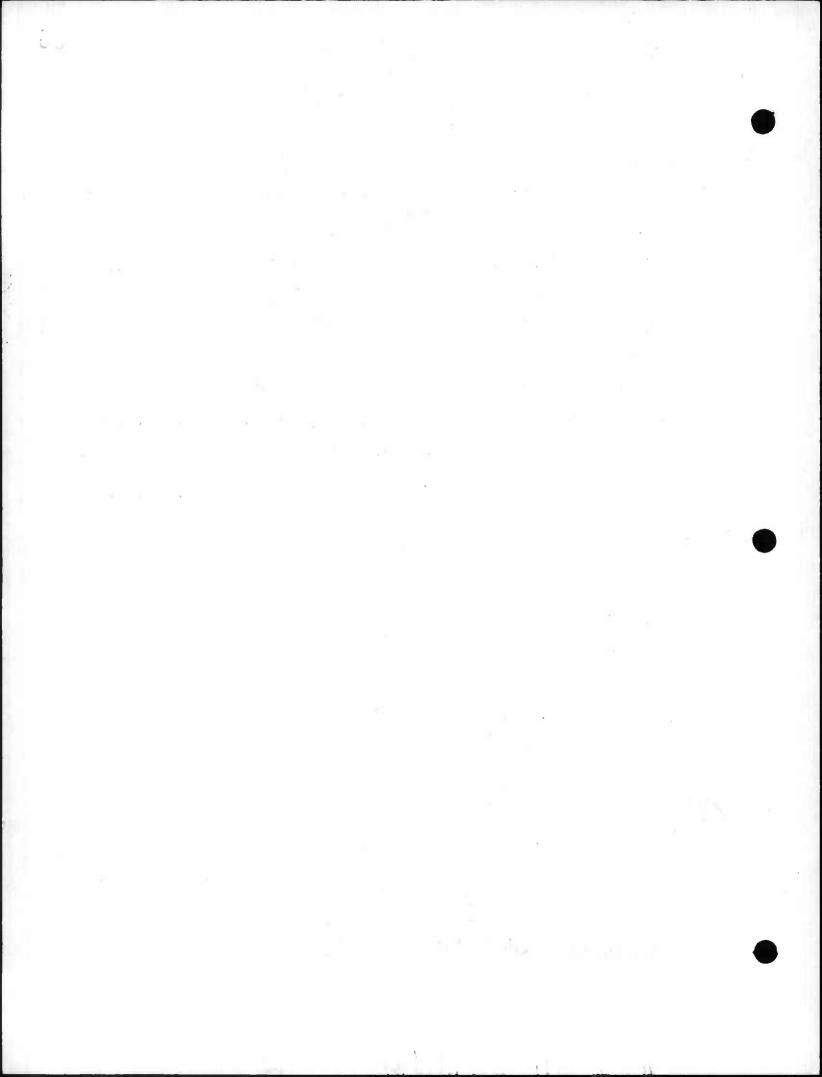
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ENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death. Page 6 may be retained by the hospital or attending physician.	世中	is marked, or its
THE HOSPITAL OR ATTENDING PHYSICIAN;	THE FUNERAL DIRECTOR: After this certificate fled within 72 hours after death with the Sta	28 is marked or

2 Film # G 714 08-08-94 N.A. Per funeral home Item FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. OECEOENT'S NAME (First, Middle Last) 3. TIME OF DEATH Albert 4:421 Johnson AUG 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Year 1X M 2 | F DAYS HOURS MIN 577-20-6059 Ul MAY 04 1910 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH of DIRECTOR ltimore Sina Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? 4103 Barrington Rd. 21207 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, Brid a CK FORCES? 1 YES 2 NO 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION

The desired of working most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Albert Johnson Adelaide Dowell BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carrie Johnson 4103 Barrington Rd. Balto. Md. 21207 Wife 20e. METHOD OF DISPOSITION
1 DEBuriel 2 Cremation 3 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE "Mt. Zion Cemetery 4/8/94 4 ☐ Donation 5 ☐ Other (Specify) Lakeland. 22, NAME AND ADDRESS OF FACILITY
\_Wainwright Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2700 Edmondson Ave. Balto. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of haert fallure. List only one cause on sech lins. Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Cerebrel Vasculon Accide DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) Myocandial CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Ulnstable CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST pertonsion PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL Periphual Vascular Di STEP YES 2 NO Failure Renal Insulja Dependent Diabetes Mellitus 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Ninpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 - YES 2 NO 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide CERTIFIER 1 🖔 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE

Cuote 452402321 RC9803 00 AUG 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) of Crook, Baltimore 100 Sinai 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1004 Defivire 16 Rev 1781



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2	IR ATTENDING PHYSICIAN: The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
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d	HE HOSPITAL OR

TO BE

31. OATE FILED (Month, Day, Year)
AUG 0 5 1994

		REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT ICATE	OF HI	ALTH AND I	MENTAL HYG			
		1. DECEDENT'S NAME (First, Middle, Last)							TH DAY	YEAR	TIME OF OEATH
		ELLA DOROTHY 1		KSON				7	26 9	14	3-25-PM
목				(In yrs. lest birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye		Country)	ACE (State or Foreign
				68 YRS.		-		Feb 04	1926	Flo	orida
3 should	ا <sub>د</sub>	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OBLOCATION OF DEATH  9c. COUNTY OF DEATH									
oi .	0	RESIDENCE OF DECEDENT MAYIMAD HOSPITAL CHINTON PRINCE GEOLG									
permit, Pages 1,	DIRECTOR	Maryland 10b county Charle	es	Wald	y, towar or lorf	R LOCATH	ON				INSIDE CITY LIMITS?
Decu	AL AL	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZI	EN OF WHA	T COUNTRY?
sit	H	2242 Pinefield Rd.					20603		Unite	d Sta	ates
attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried  XXWidowed 4 Divorced	N U.S. ARMED 2 NO ATES	11	yes, spec		IIC ORIGIN? (Specif n, Puerto Rican, ato '	y Yes or No- 1	4. RACE -	American Indian, rhite, etc. Black	
use as	ED	15. OECEDENT'S EOUCAT (Specify only highest grade con		16e. DECEDENT'S (Give kind of	USUAL OC	CUPATION	al working	16b. KIND O	F BUSINESS/INDU	STRY	
for u	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)		or working				
the hospital or detached for u	COMPL	10th			Cook			Re	estaura	int	
	응	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Mi	elden Surname)		
should be stiffed at	8	Willie Fields Leola					AUGINS  Floute Number, City or Town, State, Zip Code)				
retained 5 should notified	임	190. INFORMANT'S NAME (Type/Print) Gladys Brown						Poute Number, City of Orlando			32805
may be or, page		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remova		. PLACE AND DATE		-		_	LOCATION — CI		
ter death. Page 6 m the funeral director, wal.	U	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE CICEN	W Xlin	War.	2	847	Wilso	n Blvd.	Arlin	igtor	Virginia 22201 n, VA
d in by or remo		23. PART i. Enter the diseases, or con shock, or heart fallure. Lis IMMEDIATE CAUSE (Final	nplications that ceused t only one cause on a	the deeth. Do a	not enter t	he mod	e of dying, suc	h aa cardlac or i	reapiratory arre	st,	Approximata Interval Between Onset and Death
within operation, cremation,		disesse or condition resulting in death) s.	SEPSI	2							3-4 wee
ompletel ompletel il, crema event,			DUE TO (OR AS A	CONSEQUENCE O	F):						
executed and com o burial, natic en	z	Sequentially list conditions, b.	Preum								
	CATION	If eny, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE O	,						
e p	일	CAUSE (Disease or Injury C	DUE TO (DE AS A	CONSEQUENCE O	D+						
h certi anding Hygie or oth	CERTIFI	that initieted events resulting in death) LAST		ic en		alof	alty				
을 로 돌 를		PART II. Other significant conditions of	contributing to death b	ut not reculting	In the und	erlying	cause given in			24b, W	ERE AUTOPSY FINDINGS
luires that the signed by the Health and Muss any Inju	EDICA		Aner	nea					RFORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
Sign Hea	ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO								YES 2 NO	
> 40 40		DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEAT	H Y	ES NO				
	CIAN	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Ch	eck only one)			
SICIAN: The certificate i the State i, or item	YSICI		IOSPITAL: Inpatient 2 - ER/Outp	patient 3 🗆 DOA	4 Nursi		5 - Residence	6 Other (Specify	)		
PHY: this with	У РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF IURY	28c, INJU WOR 1 Y		28d. DESCRIBE H	OW INJURY OCCU	RED	
ATTENDING CTOR; After safter death	TED B	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, lerm,	street, fecto	ry, office		281. LOCATION (S City or Town,	treet end Number o	Rural Rout	e Number,
S S S E		290. CERTIFIER		V-130 - 77				- U - U			

29c. LICENSE NUMBER

D 43115

2 MEDICAL EXAMINER: Dn the beels of examination and/or investigation, in my opinion,

29b. SIGNATURE AND TITLE OF CERTIFIEN

MUY 2 32 32 8

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M 107 A A BAIG MD 8926

29d. DATE SIGNEO (Month, Day, Year)

7-27-94

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Las	rune Koblis				2. DATE OF DEATH	1991	
	4. SOCIAL SECURITY NUMBER 216-78-2913	XXM 2 □ F 34		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BURTN (Month, Day, Year) 2-5-196	0	introplace (State or Foreign ountry) Maryland
OR	Joseph Richey  Joseph Richey			96. CITY, TOWN OF Balt	imore	EATH	9c. COUNTY C	DF DEATH
_ DIRECTOR	PRESIDENCE OF DECEDENT  10a. STATE  10b. COUN  Virginia  AC  10b. STREET AND NUMBER	ccomac		town on Locate	gue			10d, INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	P.O.Box 636				ZIP CODE 23336		U.S.	A .
BY FUN	11. MARITAL STATUS  XX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	If yes, spe-		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life, Do NOT use	ork done during mos	N t of working	16b. KIND OF BUS		
MPL	12	1,200	Tour	Guide		Hote1		
	17. FATHER'S NAME (First, Middle, Last) Stephen W.	. Kohlish				ME (First, Middle, Maiden es Griff		
TO BE	19a. INFORMANT'S NAME (Type/Print)	A COST I DIT	19b. MAILING	ADDRESS (Street an		Route Number, City or Town		)
F	Delores G.							nia 23336
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State com	PLACE AND DATE Of etery, crematory or oth	er place)		DATE 20c. LO	CATION — City of	
N	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	r complications that caused s. List only one cause on e	one of the desth. Do no sech line.	ot enter the mod	WIIIOW	SPring has cardiac or respi	RQ . , BA	Alto. Md. Approximatinterval Bet Onset and I
ERTIFICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease c: Injury that initiated events resulting in death) LAST	с.	CONSEQUENCE OF)					8
: MEDICAL C	PART II. Other significant conditions of the con	ti his	ut not resulting in	the underlying	cause given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		26. PL/	CE OF DEATH (Ch	eck only one)		
PHY	1 VES 2 NO  27. MANNER OF OEATN  1 Netural 5 Pending	t Inpetiant 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)		4 Nursing Home OF 28c, INJU	RY AT	6 S Other (Specify) 28d. OESCRIBE HOW II	HUNNY OCCURE	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY	At home, farm, st			28f. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,
COMPLET	onel	/SICIAN: To the best of my know NER: On the besis of examination						use(s) and menner as state
TO BE C		Sendick mi			29c, LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON N	WHO COMPLETED CAUSE OF DE	14 W.	Mount	Vern	m Pl.	Ball	m) 212
	AUG 0 5 1994	0						

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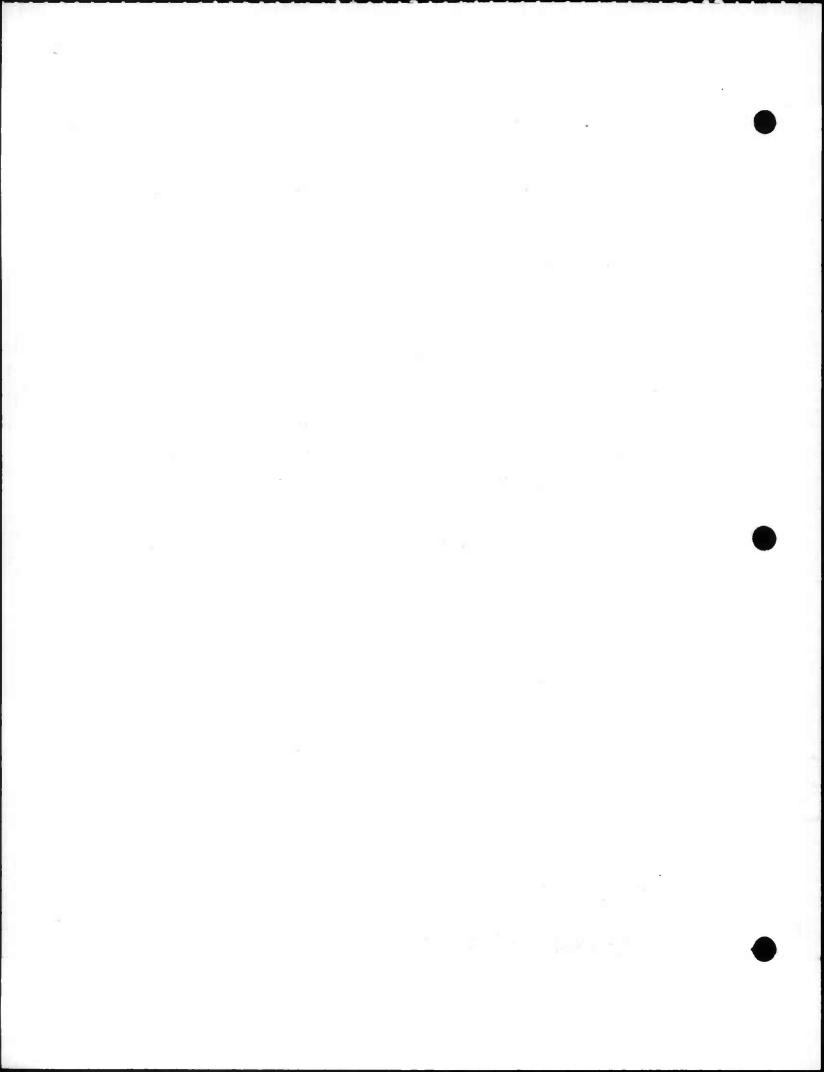
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE CSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within missing after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death with the state dept. Of nearth and mental hygiene prior to dural, cremation, or removal.	IPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
SPITAL DR ATTENDING PHYSICIAN:	8 .	De med within 12 hours after beath with the Sig	TANT: If Item 28 is marked, or its	
HLLin	10 H	De lier	IMPO	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	EALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Las	11)				2. DATE C	OF DEATH		3. TIME OF DEATH
- 2	HALINA	KAJETANSKI				MONTH 8	DAY 4	94	6:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	e. BIRTI	IPLACE (State or Foreign
	102-30-5382  9e. FACILITY NAME (If not institution, giv	1 M 2 X F	78 YRS.	MONTHS DAYS	HOURS MIN.	9-2	Day, Year) 815	PO	LAND
Œ	10549 TWIN RIVER			COLU		EAIH	,	c. COUNTY OF	DEATH
DIRECTOR	RESIDENCE OF DECEDENT							HOWARD	
H.	10a. STATE 10b. COU			, TOWN OR LOCA					10d. INSIDE CITY
	MD HOW	VARD		COLUMBI	A				LIMITS?
₹	10e. STREET AND NUMBER			10	. ZIP CODE		10	0g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	10549 TWIN RIVER	RS ROAD			21044			US	A
2	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPA			No- 14. RAC	E American Indian, k, White, alc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Speci		cen, acc.)	Spec	
	15. DECEDENT'S EI	DUCATION						WH	THE
	(Specify only highest gra	ide completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during me	DN ist of working	16b, I	KIND OF BUSINE	ESS/INDUSTRY	
ا ڇ	Elementary/Secondary (0-12)	College (1-4 or 5+)	SCREEN C		C(L)		ΔΙ	RTIST	
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	-7	DCAMELY C	AICTOOLVI	18. MOTHER'S NA	ANT (FI-) AN			
	STANISLAW SKORUE	PKA					DOWSKA	name)	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street )	nd Number or Rural	Boute Numbe	e City or Town S	Vata 7in Code)	
임	EVA B. SKRENTA				GATE LA				21044
	20g. METHOD OF DISPOSITION	201	. PLACE AND DATE O			DATE		ION — City or To	wn. State
	1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from Stata Cen	ADOWRIDG	her placel		-8-94	DORSE		
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME A	ND ADDRESS OF FA	CILITY			
!	Lesse	enext	1		& RUSSE				HOME MD. 21045
	23. PART i. Enter the diseeses, o	r complications that couse	the deeth. Do n	ot enter the mo	de of dying, suc	h es cerdi	ec or respiret	ory arrest,	Approximate
	iMMEDIATE CAUSE (Final	e. Liet only one ceuse on e	ech line.						Interval Batween Onset and Death
l	disease or condition resulting in death)	a. Respira	tmy Fa	muli					
- 1	Tooling In douting	•		*					
z I	Sequentielly list conditions,	a Colon C	un ter m	ptons la	tic to	Tung	11 6 000	FIRMO	3 4-5
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):					
<u> </u>	CAUSE (Disease or Injury	COUE TO (OR AS (	CONSEQUENCE OF	١.					
	that initieted events resulting in death) LAST	00L 10 (011 A3 A	CONSEQUENCE OF	<b>j</b> .					
핑┃		_ d							1
4	PART II. Other eignificent condition	one contributing to deeth b	ut not reculting in	n the underlyin	g ceuse given in	Part I.	24s. WAS AN AUT		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
읦	Chemis our	min butte	13- cal-	INN ST	tinf un	i can	1   YES 2 (X		COMPLETION OF CAUSE OF DEATH?
¥						_	1,		1 - YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YE	S NO C	UNCERTAI	N 🗆			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:					
Z Z	1 YES 2 NO	1 🗆 Inpetient 2 🗆 ER/Outp			e 5 Residence	8 Other	(Specify)		
ᇤ	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	RK?	28d. DESC	RIBE HOW INJU	RY OCCURED	
┢	2 Accident Investigation				/E\$ 2 NO				
	3 Suicide 8 Could not b 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, at cify)	treel, factory, offic		28f. LOCAT City or	TON (Street and I Town, State)	Number or Rural I	Route Number,
	29e. CERTIFIER			-7 - 1					
COMPLET		SICIAN: To the best of my know NER: On the basis of examination							
	29b. SIGNATURE AND TITLE OF CERTIF			.,, op					
BE	Jan V M.	) - X			1305		29	d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	207	1.0		0=2	14,
	Jon K. Minford	1 mo 10/1	12 Little	2 fatux	ent Pku	ou C	olumb	a mJ	21044
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	TURE	101/01	- /- //	1		1, 1,1,4	
	AUG 0 5 1994	THE CURRENT	CANAL STATES						·



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within seminary large 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

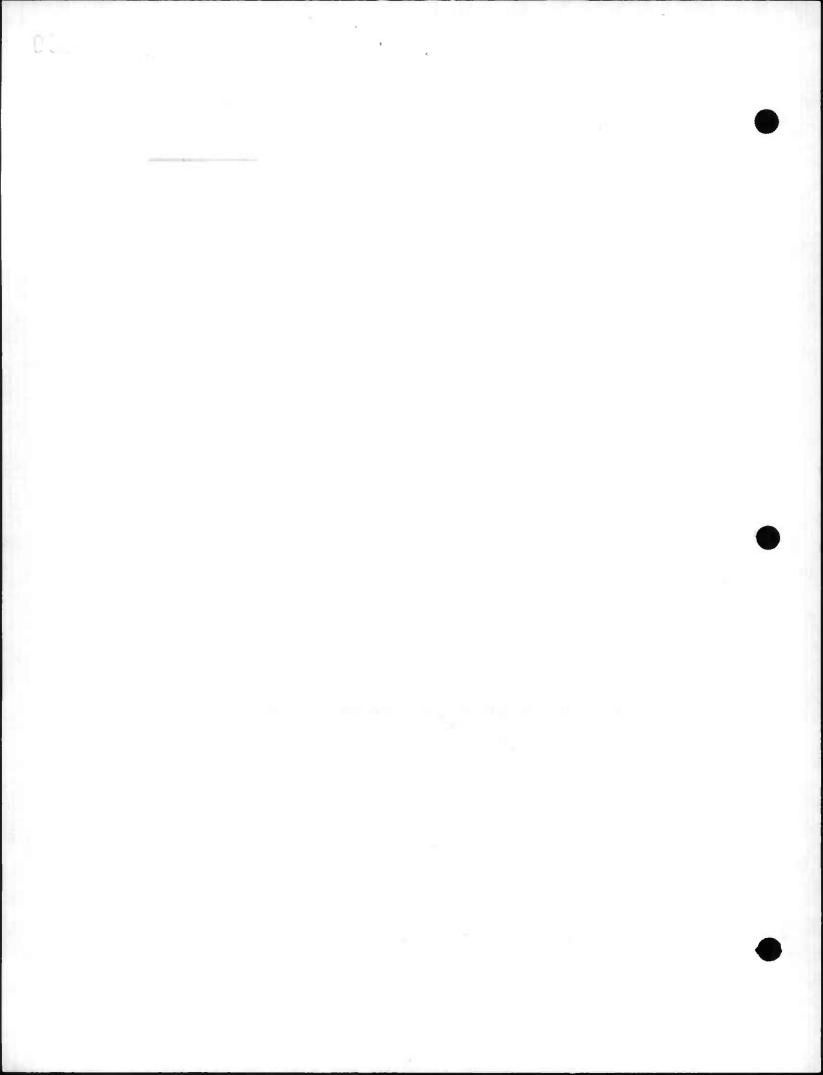
IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

## Item 7, g-714, 8-17-94, per F.H., dr STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	TIFIC/	ATE OF	DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEA			3. TIME OF DEATN
	John I. Kelb	el					TULY	31 19	394	5: 50A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birth	day) IF	UNDER 1 YEAR	IF UNDER 24 HRS.				HPLACE (State or Foreign
	213-10-3395	1 🔀 M 2 🗆 F	75 Y	IS. MON	ITHS DAYS	HOURS MIN.	Oct. 12	1918	Count	ryland
	9a. FACILITY NAME (If not institution, give a	street and number)		96	CITY, TOWN C	R LOCATION OF D			UNTY OF D	
œ	Union Memor	ial Hosp	i+ = 1							ZAIN
읝	RESIDENCE OF DECEDENT	141 11050.	ıtaı		Bal	timore	City		N/A	
ŭ	10e. STATE 10b. COUNT	Y	100	CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
DIRECTOR	Maryland N/A		E	alti	imore (	City				LIMITS?
	10e. STREET AND NUMBER				101	ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
3	3712 Elmley Avenu	ae				21213			S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. ARMED		13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Spec	fy Yea or No	I 14 BAC	E — American Indian,
	1 Never Married 2 X Married	FORCES? 1 X	YES 2 NO		II yes, spi	2 X NO Specif	in, Puarto Rican, et		Blac	ck, White, etc.
B	3 Widowed 4 Divorced	WII	ON DAILS		1 1 123	2 X NO Specii	y:		Whit	te
입	15. DECEDENT'S EDU (Specify only highest grede	CATION	16e. DECEDE	NT'S USU	AL OCCUPATIO	N .	16b. KIND C	F BUSINESS/IN	NDUSTRY	
ᆈ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do N	OT use ret	done during mo- ired.)	st or working				
릴	12th Grade		Pressn	an			Rees	e Pres	S	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA	ME (First, Middle, N	leiden Surname)		
BE	John Kelbel					Margar	et Schne	ider		
	19s. INFORMANT'S NAME (Type/Print)		19b. MA	LING ADD	DRESS (Street a	nd Number or Rural	Route Number, City	or Town, State, 2	Zip Code)	
임	Evelyn G. Kelbel					renue, B				21213
	20a, METNOD OF DISPOSITION		20b. PLACE AND D	ATE OF DI	SPOSITION /Na	me of		c. LOCATION -		
	1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Loudon I	ark	Cemete	erv				Maryland
	21. SIONATURE OF FUNERAL SERVICE LIC	CENSEE /	,		22. NAME AN	D ADDRESS OF FA	CILITY			7
- 1	* Kathleen	h. h				C. Mille				
		1	cy .		6415 I	Belair Ro	oad, Bal	timore	, Mar	ryland 21206
	23. PART I. Enter the disesses, or shock, or heert fallure.	complications that co	outed the deeth.	Do not e	enter the mo	de of dying, suc	h ss cerdlec or	respiretory s	rrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Final		/							Onset and Death
	disesse or condition resulting in death)	· KESH	IRAT	OR	Y 4	FRRE.	5 +			SUDDEN
		DOE TO (OH	AS A CONSEQUEN	E OF):						
z	Conventially list annulations	a LIV	ER C	ANC	ER	HEPA	TOMA			9 MONTHS
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR	AS A CONSEQUEN	CE OF):						
<u>ა</u> ∥	CAUSE (Disease or injury	G								
<u> </u>	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUEN	CE OF):						,
E	resulting in destri) CAS1	d								
- 11	PART II. Other significent condition	is contributing to de	ath but not result	ing in th	ne underlying	ceuse alven in	Part I. 24a W	AS AN AUTOPSY	241	b. WERE AUTOPSY FINDINGS
DICAL		_					PE	RFORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 U Y	ES 2 TAO		OF DEATH?
ME	DID TOBACCO USE	CONTRIBUTE T	O CALISE	OF D	EATH V					1 YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL	- INITIONE I	O CAUSE							
PHYSICIAN:	EXAMINER?	HOSPITAL:		ОТ	26. PL HER:	ACE OF DEATH (Ch	eck only one)		-	
<u>≥</u>	1 YES 2 HO	1 Impatient 2 EF		_		5 🗆 Residence				
	1 Naturel 5 Pending	28a. DATE OF INJ (Month, Day, )	(bar) 26b	TIME OF	WO	RK?	26d. DESCRIBE I	O YRULMI WO	CCURED	
à l	2 Accident Investigation					ES 2 NO				
	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF IN building, atc.	JURY — At home, fi (Specify)	rm, streat	t, factory, office		26f. LOCATION (S City or Town,	Street and Numb State)	er or Rural i	Route Number,
	Trometoe datamined									
2	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death or	curred at	the time, data	and place, and due	to the cause(a) an	d manner as st	ated.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beals of exem	ination and/or invest	gation, in	my opinion, d	eath occured at the	1ime, data and pla	ce, and dua to	the cause(	a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUI	MBER	29d, DA	TE SIGNE	D (Month, Day, Year)
B	Youl w. R	ASSAM, N	1 D			ATZY38		1		731,1994
2	30 NAME AND ADDRESS OF PERSON WA	O COMPLETED CALISE O	E DEATH STEM OF	Type, Prin	()			1.6		
	PAUL RASS	AM _ UN	114- 2	01	E.UN	V PK	.wy_	BALT -	MP	21218
	AUG 5 1994	3. REGISTRAR'S	SIGNATURE LOT HANGEL							



DIVISION OF VITAL RECORDS P.O. ROX 68760

2	20	9	
משבוווא	TO THE HOSPITAL OR ACENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FLERA SUBJECT R: After this certificate has been signed by the attending physician and completely med in by the funeral dir	
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Citizen of Milat neconds, F.C. Box 68100,	DING	After	death
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CHARLES 4/2
31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S GIGNATURE

OSLER

DR

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	0	CERTIFIC	ATE OF DEA	2. DATE	REG. NO.	3. TIME OF DEATH
	Loraine	E	Lehner		Aug		YEAR 9 TU/A
	4. SOCIAL SECURITY NUMBER 252225482a	1 🗆 M 2 🗗 F		FUNDER t YEAR IF UNDI	MIM (Mori	of Birth th, Day, Year) '05/18	6. BIRTHPLACE (State or Foreign Country)
POR	90. FACILITY NAME (If not institution, give 6530 Langdale			Baltim		9c. COUP	Baltimore
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	Baltimore	10c, CITY,	TOWN OR LOCATION  ROSEDAL	TO TO THE PARTY OF		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 6530 I.ango	lale Rd.		101. ZIP CO		10g. CITI	ZEN OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT If yes, specify Cut 1  YES 2  NO	en, Mexican, Puerto	N? (Specify Yee or No— Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify:
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		life. Do NOT use	k done during most of work	ding	LIND OF BUSINESS/IND	USTRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) JOHN WARD					Middle, Melden Surname)	
75	190. INFORMANT'S NAME (Type/Print)  EDWARD J. LEF	INER		DORESS (Street and Numb		EDALE, MD 2	
	20a, METHOD OF DISPOSITION  1 Suriel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)		20b. PLACE AND DATE OF cemetery, crematory or othe GARDENS		18/6		RE, MARYIAND
	21. SIGNATURE OF FUNERAL SERVICE	CICENSEE		22. NAME AND ADDR	OSEDALE E	FUNERAL HOM SACO AVENUE	E
	23. PART Enter the diseases, o shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition	r complications that cause. List only one ceuse of	used the death. Do not on each line.				
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF):				13 900
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events	с	AS A CONSEQUENCE OF):				
CERI	resulting in death) LAST	d					
N: MEDICAL	Hupstingur Spinal Stins	ons contributing to deel	th but not resulting in	the underlying ceuse	given in Part t.	244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	DEATH (Check only o		
BY PHY	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	RY 28b TIME	OF 28c, INJURY AT	28d. DE	SCRIBE HOW INJURY OCC	CURED
	3 Suicide 8 Could not b	28e PLACE OF INJ	URY — At home, farm, str Specify)	et, lectory, office	281. LOC C/ty	CATION (Street and Number or Town, State)	or Rural Route Number,
TED							
COMPLETED		SICIAN: To the best of my k					ed. e cause(e) end manner as stated.

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ARTENDING PHYSICIAN: The law requires that the death certificate be executed with yours after death. Page 6 may be retained by the hos	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and with the Class have of the theorem of removed.	om 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL	HYGIEN REG. NO.	Ε		
	1. DECEDENT'S NAME (First, Middle, Last  KATHERI		MARAS	100		2. DATE MONTH	OF DEATH	3 9	EAR/	3. TIME OF DEATH  9:46 A M
	4. SOCIAL SECURITY NUMBER 372-07-2438	1 🗆 M 2 🎇 F	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	FEB.	OF BIRTH (, Day, Year) 1,191	8 1	Country) MICH	IIGAN
HOL	90. FACILITY NAME (If not institution, give CHARLESTOWN CARE RESIDENCE OF DECEDENT			9b. CITY, TOWN	CATONSV			9c. COUNTY		IMORE
- DIMECTOR	MARYLAND 106. COUN	BALTIMOR		y, town or loca CATONSV	LLE					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	717 MAIDEN CHOIC			01 2	1. ZIP CODE 21228 CENDENT OF HISPAI	us osioni	0 (0 a sal4 Mar	U	.S.A	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR		If yes, sp	ecity Cuban, Mexico	n, Puerto F	r (Specify Yea Noan, atc.)	10F NO	Black, Specify	- American Indian, White, etc. : : : WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	College (1-4 or 5+)  2 YRS	(Give kind of a		ost of working			SINESS/INDUS		
	17. FATHER'S NAME (First, Middle, Last) JOHN KEARNS	2 183	FUREIG	N SERVIC	E OFFICE		Aiddle, Maiden	N DIPI Sumame)	LOMA	CY
TO BE	19a. INFORMANT'S NAME (Type/Print) EDWARD MARASCIUL(	)			ICE LA -	Route Numb	er, City or Town		CA	TONSYILLE.
	20a METHOD OF DISPOSITION 1 IX Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE AND DATE ( Campetery, cremetory or o	of disposition (National Property Property CEMET	ERY	8/5	20c. LO	TOMAC,	y or Tow	2 22220
	21. SIGNATURE OF EUNERAL SERVICE I	LICENSEE	THE		RD FUNER WILKENS				ORE,	MD. 21229
	23. PART I/Enter the diseases, or ehoots felium immediate CAUSE (Finei disease or condition resulting in deeth)	e. Liet only one couse	on each line.		ode of dying, suc	th ee cerd	liec or reepl	ratory erree	t,	Approximate interval Between Onset and Deeth
2	Sequentially list conditions, if any, leading to immediate	ST	RD KE		- 7					MONTHS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	-	RIAL AS A CONSEQUENCE OF		LATION	,		•		YEAR
PHISICIAN: MEDICAL CI	PART II. Other algoriticent condition DIABETES INTERNSI	MBULITU	eth but not resulting	in the underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	neck only on	0)		_	
	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,	VOutpetient 3 DOA URY (bar) 28b. TIM INJ	4 Nursing Hon E OF 28c. IN.	NE 5 Residence			NJURY OCCUI	RED	
IEU BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	26a, PLACE OF III	IJURY — At home, farm, (Specify)			26f. LOCA	ATION (Street a or Town, State)	and Number or	Rural Ro	ute Number,
COMPLEIED		/SICIAN: To the best of my								and manner as stated.
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	2 hours			29c. LICENSE NU	MBER 47	3	29d. DATE 9	GIGNED (	Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON V	· K07	LOUSKY		II MAID	EN	CHO	ICEL	A	21228
	AUG 0 5 1994	Jaz. AGGISTAR'S	SCHATTURE!							

F-1-350 5 0300

Item1, Film714, 8/5/94, 1t Item 1, g-714, 8-17-94, per F.H., dr

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME

STATE REGISTRAR	STATE OF	1	CERTIF	IVALL		AI II		REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)							MONT	OF DEATH	MY	YEAR	3. TIME OF OEATI
LESTER Matth	5. SEX	1	HEWS				AUG			Æ	1326
218033426	1 2 M 2 🗆 F	6. AGE (In yrs	YRS.	IF UNDER 1 Y	MYS HOURS	DER 24 HRS.  MIN.		OF BIRTH C, Day, Year)	913	B. BIRTH	APLACE (State of For
90. FACILITY NAME (If not institution, give s 740 POPULAR GR		REET A	PT.6D		OWN OR LOCAL  IMORI				9c. COUNT	TY OF D	EATH
RESIDENCE OF DECEDENT											
MANUANO 106. COUNT	*		10c. CIT	A'	i mor	e					10d. INSIDE CITY LIMITE? 1 PES 2 1
100. STREET AND HOMBER	7		1-00	+12	10f. ZIP CO	DE			10g. CITIZ	EN OF V	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEOE				S OECENDENT				a or No —	14. RACI	E — American India
1 Never Married 2 Harried 3 Nidowed 4 Divorced	FORCES? IF YES, GIVE	WAR OR DATES	<b>ENO</b>		es, specify Cui			Rican, etc.)		Spec	k, White, atc.
15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S	work done duri	UPATION ing most of wor	rking	16b	. KIND OF BU	SINESS/INDU	JSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5	5+)	Me. Do NOT us	na.e	R.			(on	rAG	0,	
17. FATHER'S NAME (First, Middle, Lest)	th 10				19-460	THE 'S NA	ME (FISI, I	Middle: Maiden	Surname		1/
190 MFORMANT'S NAME Gypa/Print	naus	- ( )	105 MAIL INC	ADDRESS (C		TAC	ne		0/)	011	
Mrs. SAdie	mati	Theus	74	Pani	Are (	O VYW	IJP .	ST A	state Zip	7)	Soltifile
20e. METHOD OF DISPOSITION 1	noval from State	20b. PL	CE AND OATE	or piscosite	ON (Name of		10 00	E 20c. LC	CATION — C	ity or To	own, signo
		- 148	20410	13	UBM.	Ink	1	8	9/4/	101	(01/1L
4 Donetion 5 Other (Specify)	CENSEE	-		22 AA	ME AND ADDE	DESS AF EA	ADM NOV				MAN THE
21. SIGNATURE OF FUNERAL SERVICE LI	complications th	nat coused the	death. Do n	20	S AND ADDR	UN	ov t	S Av	e Bi	9/k	Approxima
21. SIGNATURE OF FUNERAL SERVICE LI	complications the List only one can a. Ather	nat coused the nuse on each	rohz	not enter the	132 l	dylng, auc	ch ea card				Interval Be Onset and
23. PART I. Enter the diseases, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate	complications the List only one ca	rscl	INE.	not enter the	992 (c)	dylng, auc	ch ea card				Interval Be Onset and
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23. PART I. Enter the diseases, or shock or heart failure.  23. PART I. Enter the diseases, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition reautiting in death)  Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other significant condition  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  28e. CERTIFIER 1 CERTIFYING PHYS	CONTRIBUT  HOSPITAL: 1   Inpatient: 2 28e. PLACE building	TO CA  O (OR AS A CON  O (OR A	SEQUENCE OF SEQUEN	DEATH  OTHER: 4   Nursing  E OF   28  JURY M   street, factory	e mode of d	e given in  NC  DEATH (Ch  Xesidence	Part I.  Par	24a. WAS AN PERFO 1 YES:  or (Specify)  GCRIBE HOW  ATION (Street or Town, Stete	NAUTOPSY RMED? 2 NO INJURY OCCU	24b	Interval Be Onset and
23. PART I. Enter the diseases, or shock for heart failure.  13. PART I. Enter the diseases, or shock for heart failure.  14. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  18. Oculation investigation investigation investigation and catermined investigation and catermined investigation in the catermined investigatio	complications th List only one ca  a. DUE TO  b. DUE TO  c. DUE TO  d	TO CA  O (OR AS A CON  O (OR A	SEQUENCE OF SEQUEN	DEATH  OTHER: 4   Nursing  E OF   28  JURY M   street, factory	e mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of th	e given in  DEATH (Ch.  Seldence	Part I.  Part I.  S Other  28d. DEst. LOC  City  to the case of time, date	24a. WAS AN PERFO 1 YES:  or (Specify)  GCRIBE HOW  ATION (Street or Town, Stete	A AUTOPSY RMED?  2 NO  INJURY OCCI end Number of	24bb  24bb  27 Rural II	Interval Be Onset and Conset and
23. PART I. Enter the diseases, or shock or heart failure.  23. PART I. Enter the diseases, or shock or heart failure.  IMMEDIATE CAUSE (Final disease or condition reautiting in death)  Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST  PART II. Other significant condition  DID TOBACCO USE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  X YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  28e. CERTIFIER 1 CERTIFYING PHYS	complications th List only one ca  a. DUE TO  b. DUE TO  c. DUE TO  d	TO CA  O (OR AS A CON  O (OR A	SEQUENCE OF SEQUEN	DEATH  OTHER: 4   Nursing  E OF   28  JURY M   street, factory	e mode of d	e given in  NC  DEATH (Ch  Xesidence	Part I.  Part I.  Part I.  28d. Des	24a. WAS AN PERFO 1 YES:  or (Specify)  GCRIBE HOW  ATION (Street or Town, Stete	AAUTOPSY RMED? 2 XNO  INJURY OCCI end Number of	24bb  24bb  27 Rural III  d. cause(expression)	Interval Be Onset and
23. PART I. Enter the diseases, or shock for heart failure.  13. PART I. Enter the diseases, or shock for heart failure.  14. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  27. MANNER OF DEATH  18. Oculation investigation investigation investigation and catermined investigation and catermined investigation in the catermined investigatio	complications th List only one ca  a. DUE TO b. DUE TO c. DUE TO d  TOONTRIBUT  HOSPITAL: 1   Inpatient 2  28e. DATE O (Month, 28e. PLACE building HO COMPLETED CAL	O (OR AS A CONTO) (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR AS A CONTO (OR	INSEQUENCE OF SEQU	The under the un	e mode of of the mode of of the mode of of the mode of of the mode of of the mode of of the mode of th	e given in  Coe, end due coured at the	Part I.  Part I.  28d. Des	24a. WAS APPERFO 1  YES: 16(Specify) CRIBE HOW ATION (Street or Town, Stere	AUTOPSY RMED?  2 NO  INJURY OCCI end Number of timer as state and due to the  29d. DATE  AU	24bb  24bb  27 Rural II  4. couse(co	Interval Be Onset and Conset and

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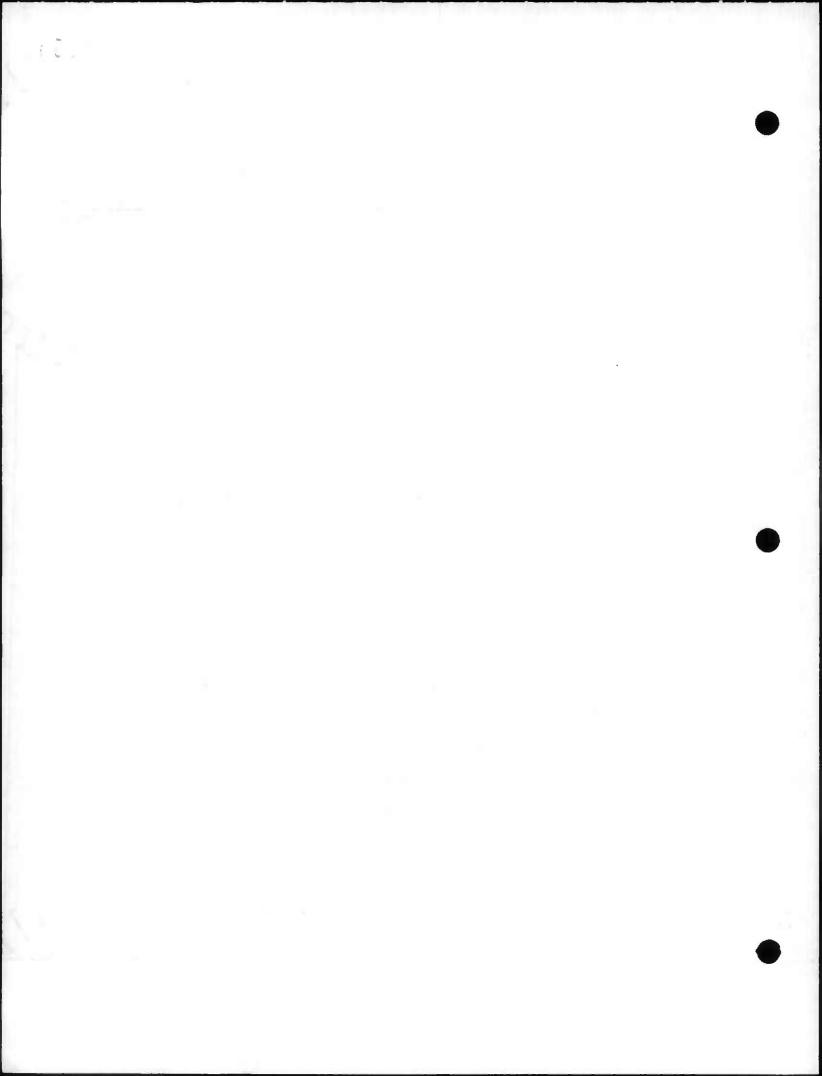
		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEI		
		1. DECEDENT'S NAME (First, Middle, Last) SAMUEL	MORR	ISON,	JR.		2. DATE OF DEATH MONTH JULY 2	DAY 1994	3. TIME OF DEATH 10:24 P M
should		4. SOCIAL SECURITY NUMBER  266-72-1292  90. FACILITY NAME (II not institution, give s PENTNSIII.A REGI	1 M 2 F 4	In yrs. last birthday)		HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-14-1	945 9c. COUNTY OF	THPLACE (State or Foreign NJ DEATH
IORE, MARYLAND 21215-0020  e 6 may be retained by the hospital or attending physician. ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	PENINSULA REGI  RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT  Florida  10e. STREET AND NUMBER  1314 AVENUE D  11. MARIITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EQU  (Specify only highest grade)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Samuel Morrison S  19e. INFORMANT'S NAME (Type/Print)  Mary Johnson  20e. METHOD OF DISPOSITION  QCMBURIAL 2 Cremation 3 Ram 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LA	FORT Pie  12. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA  CATION completed)  College (1-4 or 5+)  Sr.  20b. cent.	TCE, FL U.S. ARMED 2 (X)NO NTES  16a. DECEDENT'S (Give kind of the. Do NOT'c Labor(	TY, TOWN OR LOC  FORT Pi  13. WAS DE  If yee, a  1  YE  G ADDRESS (Street  BOX 16  TOF DISPOSITION ()  tother place)  1  Cemete	CENDENT OF HISPA specify Cuban, Maxic: S 2 NO Specific  TION nost of working  18. MOTHER'S N. Gertru and Number or Rural Sparr, F.	Farmi Fame (First, Middle, Meide  Ide William Route Number, City or To 1 32192  DATE 20c. L Red	WICOM  10g. CITIZEN OF  U  10g. CITIZEN OF  U  SPA  USINESS/INDUSTRY  IN S  IN SUMBINE)	10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY? ISA CE — American Indian, eck, Whita, stc. body: Black
PHYSICIAN The Iav requires that the death certificate be executed within 24 hours after this certificate is een signed by the attending physician and completely filled in by the with the State Dec. of Health and Mental Hygiene prior to burial, cremation, or removal rised, of them 23 shows any Injury, or other traumatic event, the medical	BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel	DUE TO (OR AS A  DUE TO	CONSEQUENCE C  CONSEQUENCE C  CONSEQUENCE C  CONSEQUENCE C	F DEATH  26.  OTHER: 4   Nursing Home OF   28c.    JURY   28c.    JURY   28c.    JURY   28c.    JURY   28c.	ng ceuse given in	Part I. 24a. WAS A PERFC	NAUTOPSY PRIMEO?	Inc. 21228  Approximats interval Batween Onset and Death  No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  AVES 2 NO
DIVISIC HOSPITAL OR ATTENDI FUNERAL DIRECTOR: A within 72 hours after d TANT. If item 28 Is	E COMPLETED	anal a	28e. PLACE OF INJURY building, stc. (Special Clan): To the best of my knowled. On the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of examination of the best of th	SI-ra	el- red at the time, da	te and place, and du- death occured at the 29c. LICENSE NU	o time, data and place, a	anner as stated.  and due to the cause  29d. DATE SIGNE	e(a) and manner as stated.
표표	88		41061			O.C.M			Y 30.19

POWLER MO 111 Penn Street, Baltimore, Maryland 21201

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32, REGISTRAR'S SIGNATURE

OPVIO R P 31. DATE FILED (Month, Day, Year)

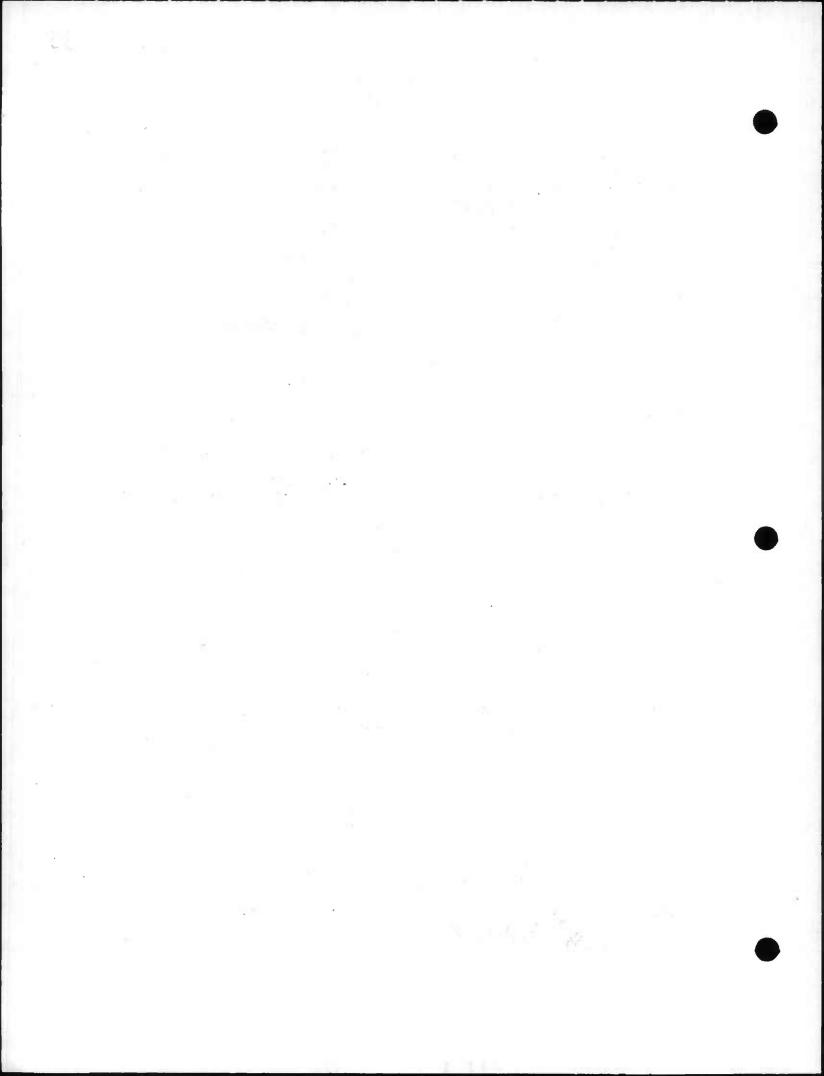


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DIVISION OF VITAL RECORDS

BALTIMORE, MARYLAND 21215-0020	nours after death, Page 6 may be retained by the hospital or attending physician.	cent cape in the new igned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the New or the second in the New or the second in the New or the second in the New or the New	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICINA: 17. To shat the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: Af if this cent capt is been igned by the attending physician and completely filled be field within 72 hours after death with the Ves. of pt lealth and Mental Hygiene prior to burial, cremation,	IMPURTANT: If Item 28 is neaked, or Item as hows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	LULA E.MILLER  2. DATE OF DEATH MONTH AUG. 1,19						
	4. SOCIAL SECURITY NUMBER 219-01-2592	_ >_/	(In yrs. last birthday) 74 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bill Co	3:15 p M  RTHPLACE (State or Foreign unity)
	9a. FACILITY NAME (If not institution, give str	reet and number)	7-1	9b. CITY, TOWN	OR LOCATION OF DE	Oct. 28,19	9c. COUNTY O	MG F DEATH
TOR	119 Sipple Avenu	Baltir	more					
10e. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d.   1   1   1   1   1   1   1   1   1								
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 NO Specify		В	ACE — American Indian, lack, White, atc.
윤	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of	USUAL OCCUPAT	ION ost of working	16b. KIND OF BUS	INESS/INDUSTR	white '
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homen			Own H	lome	
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumame)	
BE	William Pleiss  190. INFORMANT'S NAME (Type/Print)		105 MAII INV	ADDRESS (Street		amieson  Toute Number, City or Town	21.2	
임	Kathy Schmidt					illerton, M		
	20a. METHOD OF DISPOSITION	val from State ce	b. PLACE AND DATE metacy, cremetory or of Dulaney V	OF DISPOSITION (A	em. Garde	n 8/5 Time	cation — chy o	r Town, State
	21. SIONATURE OF FUNERAL SERVICE LICE	ENSEE		Sterl	ing Ashto	n Funeral Avenue, Ba	Hame	
	23. PART I. Enter the diseases, or co shock, or heert failure. L	omplications that ceuse lat only one ceuse on	ed the desth. Do	not enter the m	ode of dying, auc	ss cardiec or reepi	ratory srrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. 5-	tecke					Onset and Death
z		DUE TO (OR AS	A CONSEQUENCE C	NF):				
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	PF):				
틸	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	IF):				
SE								
CAL	PART II. Other algnificant conditions	contributing to deeth	but not resulting	In the underlying	ng cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDICAL						1 TYES 2	□ NO	OF DEATH?
N.	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES   No			
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
ž	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIR	E OF 28c, IN	JURY AT ORK?	6 ☐ Other (Specify)  28d. DESCRIBE HOW IF	NJURY OCCURED	)
BY	Natural 5 Pending Investigation			M 1 🗆	YES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined							
MPLE	age!	CIAN: To the best of my kno						
	2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER		on and/or Investigati	on, in my opinion,	death occured at the			NED (Mopth, Day, Year)
TO BE	1	WISUI	0		D33	448	▶ 8/.	2/94
	30. NAME AND ADDRESS OF PERSON WHO KENNETH - WILLIA				TTTMC P	030	), ),	0
		AMS PROSTRAR'S SIGNAL		O N.KO	LLING R	UAD	OK I DO	-0
	AUG 0 5 1994	Taria an anomara	mark.					



w requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.

Been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should got. of Health and Mental Hygiene prior to burial, cremation, or removal.

3 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

RDS, P.O. BOX 68760,

ECO	quires th	n signed	f Health	ne swo
A A	The lw re	in ha bee	ate Pept. o	em 23 sh
5	P. VSIC	IT's certifica	w. the St	ked, or
DIVISION OF WITH RECO	TO THE HOSPITAL OR ATTENDING PLYSICIAN, The I'M requires th	RECTOR: After	urs after death	IMPORTANT: It item 28 is marked, or mem 23 shows an
	E HOSPITAL 0	E FUNERAL DI	d within 72 ho	RTANT: It Ite
	THE CL	1H CL	be filed	IMPO

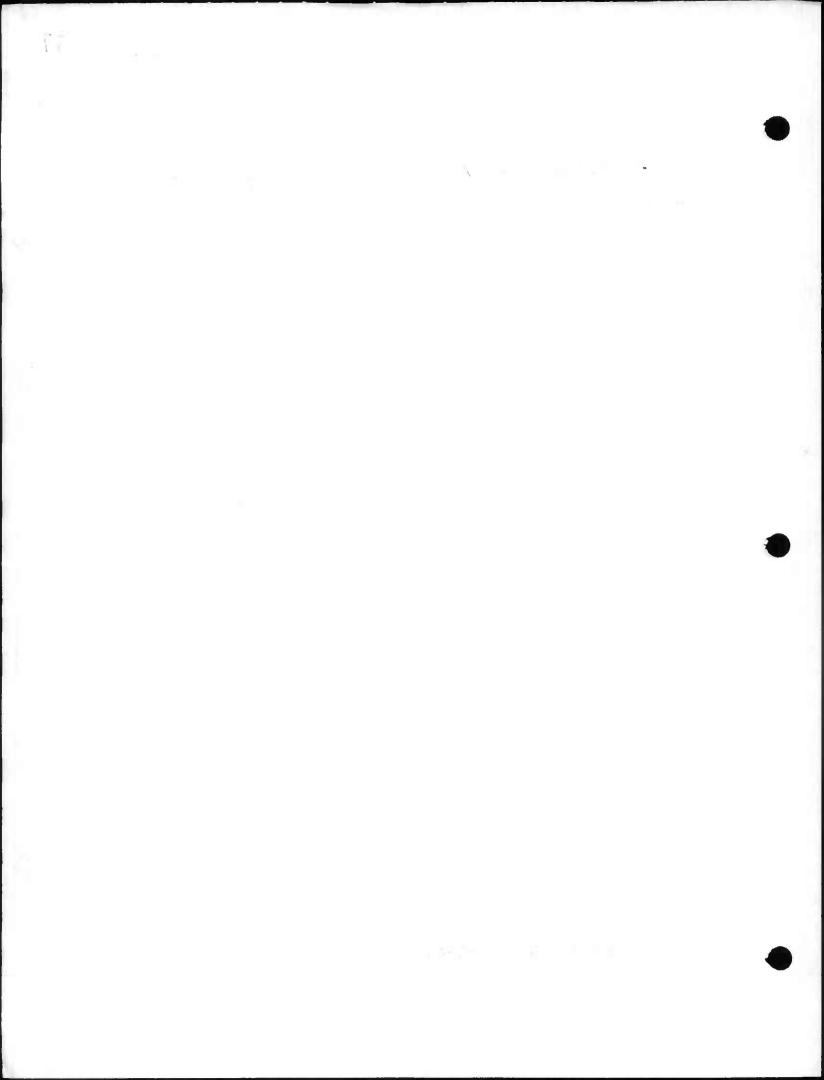
1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

				<u> </u>	OAIL	OI	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) FRANCIS			MCC	MCCARRON			2. DATE OF DEATH 3. TIME O				3. TIME OF DEATH 1;40 pm
	4. SOCIAL SECURITY NUMBER 216-46-5711	5. SEX 8 1 <del>M</del> 2 □ F	AGE (In yrs. )	lest birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) Aug. 1,			909	Countr	
	9e. FACILITY NAME (If not institution, give str	eet end number)	03		9b. CITY.	TOWN C	R LOCATION OF D		1, 1		NTY OF D	ryland
0 H	Saint Joseph Hospital Towson, Maryland								Baltin			
ᇤ	10e. STATE     10b. COUNTY     10c. CITY, TOWN OR LOCATION     10d       Maryland     Baltimore     TOWSON     1 [       10e. STREET AND NUMBER     10f. ZIP CODE     10g. CITIZEN OF WHAT									10d, INSIDE CITY		
- DIRECTOR										LIMITS?		
FUNERAL										VHAT COUNTRY?		
필	107 Kennilworth Park Dr., Apt. 2-D 21204 U.S.A.											
β	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAS	YES 2 W	ARMED NO	- It	yes, spe	ENDENT OF HISPA Icity Cuben, Mexico 2 NO Specia	en, Puerto Rica	pecify Yea n, atc.)	or No—	14. RACE Black Speci	- Amarican Indian, t, White, etc.
E	15. DECEDENT'S EDUC (Specify only highest grade of		16a. I	DECEDENT'S (Give kind of v	USUAL OCC	CUPATIO	N of working	16b. KIR	ID OF BUS	INESS/IN	DUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)		ife. Do NOT us	e retired.)	anny mo:	a or working					
Σ		/A	Po	olice	Offi	cer		Ва	1tim	ore (	City	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First, Midd	le, Meiden	Sumeme)		
BE	James V. McCarron	Sr.					France		Unkn			
2	19a. INFORMANT'S NAME (Type/Print)	/***	,	19b. MAILING	ADDRESS (	(Street a	nd Number or Rural	Route Number, (	City or Town	n, State, Zij	Code)	Towson,
- 1	Emily A. McCarron	(Wife)		107 K€	ennil	wor	th Park	Dr., A	pt.	2-D,	Md.	21204
:	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	206. PLAC Semetery, of BeIA:	EANDDATE COMMENTS OF STREET	of DISPOSIT ther place) 10 r 1 a .	rion (Na 1 Ga	ardens	B/8			City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			S	chir	nunek Fu	neral	Home	s, In	nc.	
_	mostly (	Bock					Brehms					
	23. PART I. Enter the diseases, or coahook, or heart feilure. L  IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE M	YOCAF	<sub>no.</sub> RDIAL I	NFAR			ch aa cardiac	or reapi	ratory er	reat,	Approximate interval Between Onset and Death DAYS
Z	DUE TO (OR AS A CONSEQUENCE OF):  CARCINOGENIC SHOCK  DAYS									DAYS		
A	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING	RESPIRAT	R AS A CONS			Y						DAVO
크	CAUSE (Disease or injury that initiated events		R AS A CONS									DAYS
CERTIFICATION		RENAL FA	LURE									DAYS
	PART ii. Other aignificant conditions	contributing to de	eath but not	t resulting i	n tha und	lerivino	ceuse given in	Part I. 24	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL	GASTROINTESTINAL BLEED  PERFORMED?  1 YES 2 NO  AMAILABLE PRIOR COMPLETION OF OF DEATH?								AVAILABLE PRIOR TO COMPLETION OF CAUSE			
X	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (C)	nack andy anni				
SICIAN	EXAMINER?	HOSPITAL:	R/Outnations	3 □ DOA	OTHER:		5 Residence		anifi-1			
Ē	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,	JURY	26b. TIM		28c. INJI WO	JRY AT	26d. DESCRI		JURY OC	CURED	
EU BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF I building, etc	Sa. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  28t. LOCATION (Street end Number or Rural Route City or Town, State)						loute Number,			
9	29a. CERTIFIER											
(Check only one)  2   MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated.  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(e).									) and manner ee stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	1210	(142	Cun			29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO PICHARD LINTHICU	COMPLETED CAUSE	OF DEATH JIE	DSEPH	PHOS	PIT		YORK RO	DAD.	TOW	SON.	MD 21 204
		,32. REGISTRAR'S							·			

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	he medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must he notified at once

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		2. DAT	TE OF DEATH	3. TIME OF DEATH				
	Mattie Moller		MON	X Y 94	YEAR 7115 A H				
				E OF BIRTH rith, Day, Ybarj	8. BIRTHPLACE (State or Foreign Country)				
	220-44-6329 10 M2 DA 10	2 YRS. BONTAS DAYS	2/1	17/1892	N. Carclina				
~	9s. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR			ITY OF DEATH				
DIRECTOR	Fairmount Nursing 100MB	roadway Balto,	md. 212=	3/					
	10s. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY				
1 15	Maryland	Baltim	ore		1 YES 2 NO				
A P	10e. STREET AND NUMBER	10f. ZI	IP CODE	10g. CITIZ	ZEN OF WHAT COUNTRY?				
FUNERAL	303 South Chester Street	2	1231	Uni	ited States				
	11. MARITAL STATUS  1 Never Married 2 Married FDRCES? 1 YES	J.S. ADMED 13. WAS DECEN	DENT OF HISPANIC ORIGI ly Cuban, Mexican, Puerto	IN? (Specify Yes or No-	14. RACE — American Indian, Black, Whits, etc.				
B	3 Mildowed 4 Divorced IF YES, GIVE WAR OR DAT		NO Specify:	Prican, etc.)	Specify:				
	15. DECEDENT'S EDUCATION	IBe. DECEDENT'S USUAL OCCUPATION		Sb. KIND OF BUSINESS/INO	White				
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done during most of life. Do NOT use retired.)	of working	DE. KIND OF BUSINESS/INO	USTRY				
실		Housewife							
TO BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)	10	6. MOTHER'S NAME (First,	, Middle, Maiden Sumame)					
BE	Maggie Stallings		John Hewi						
2	19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and							
	Betty Green		er Street		MD 21231				
100	200. P	ery, crematory of other place) Cen Mount Cem			Description of the second seco				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		etery	Baltim	ore, MD				
	1 8 2 1 1 1 8 1	Lilly	& Zeiler		neral Homes				
	23 DARY I Street de la constant de l			Ave. Balto					
	23. PART I. Enter the disesses, or complications that caused tha death. Do not anter tha mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  Approximate interval Between								
	IMMEDIATE CAUSE (Final disease or condition								
	resulting in death) a	OP PS 1 S			dong				
2 2	S. S.	Max			1 man				
	Sequentially list conditions, If any, leading to immediate	ONSEQUENCE OF):			9000				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events DUE TO (OR AS A C resulting in death) LAST	ONSEQUENCE OF):							
CERTIFICATION	d								
A A	PART II. Other significant conditions contributing to death but	not resulting in the underlying co	ause given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
W					OF DEATH?				
Z Z									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		E OF DEATH (Check only o	one)					
YSI	1 YES 2 DONO 1 Plopatient 2 ER/Outpat	ort 3 DOA 4 Nursing Home !	5 Residence 6 Oth	ner (Specify)					
F E	27. MANNER OF DEATH  28s. DATE OF INJURY (Month, Dey. Year)	26b. TIME OF 28c. INJURY WORK?	?	ESCRIBE HOW INJURY OCC	URED				
B	2 Accident Investigation		2 ND						
	3 Suicide 8 Could not be datermined 28s. PLACE OF INJURY — building, etc. (Specify	At home, farm, street, factory, office	281. LOC City	CATION (Street and Number of y or Town, State)	or Rural Route Number,				
	29s. CERTIFIER								
(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.  3 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
							B	E Abbord r.D	29
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)							
	Elias Abbord M.D	church 1h	spital.		1				
	31. DATE FILED (MOOTH, DAY, 1974) AVAILABLE SIGNAT	Lall							



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		completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	uted with a hours after death. Page 6 may be retained by the hospital or attending physician.	burial
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DIVISION OF VITAL RECORDS, P.O. BOX 68

ter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Berg of Health and Mental Honleine orior to busial. Cemation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE H	TO THE F	IMPORT	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. T)							3. TIME OF GEATH							
	NEVA		JANE		MCMILLAN MONTHUI 2904 994 YEAR					1:40 pm					
- 8	4. SOCIAL SECURITY NUMBER	EA	5. SEX	6. AGE (In yrs. is	st birthday)		DAYS	IF UNDER		7. DATE OF	7. DATE OF BIRTH 8. B		0. BIRTH	PLACE (State or Foreign	
- 1	123-10-844	15	1 M 2XXXF 85 YRS. MONTHS					HOURS	MIN.	6/10/	09		Countr	S.C.	
	9e. FACILITY NAME (If not inst	titution, give str	set and number)			9b. CITY		OR LOCATI					INTY OF O	EATH	
O.	Saint Josepi		bal				Tow	son,	Mary	riand			Baltin	nore	
[ [ [	RESIDENCE OF DECI	10b. COUNTY			100 CIT	Y, TOWN	001004	TION						10d. INSIDE CITY	
DIRECTOR	MD													LIMITS?	
-											IZEN OF V				
18	IN. ZIF CODE ING. CITIZEN OF WHAT C										.S.A.				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DEC			VIC ORIGIN? (S	pecify Yes	or No-	-		
7									— American Indien, c, White, etc.						
	m 37. XWidowed 4 Divorced								CK						
COMPLETED	15. OECE (Specify only	DENT'S EDUC	ATION completed)	(	ECEOENT'S Give kind of	work done	CCUPATIO	ON ast of working	na	16b. KII	ND OF BUS	SINESS/IN	DUSTRY	-	
iii	Elementary/Secondary (0-	12)	College (1-4 or 5	+)	HOUS	,	FE								
MP	17. FATHER'S NAME (First, Mic				11001	7277									
8	LUKE	Idle, Last)	ALFORD							ME (First, Midd		AUR:	TN		
BE	190, INFORMANT'S NAME (TV)	ne/Driett	ADIONE		A	100050	0.40.			Route Number,					
2	ERNESTINE		1	'	1325						-			21213	
	20a. METHOD OF DISPOSITIO			20b. PLACE									City or To		
- 1	Buriet 2 Cremetion		val from State						PARK	8/3			JS,		
	21. SIGNATURE OF FUNERAL		ENSEE	- Inco	7100								FUNERAL HOME		
	Frull	lest/	rome	utie		1	129	N.	CAR	OLINE	TS ST	· B	ALTO	,MD21213	
	23. PART LEnter the dis	essea, or co art fallure. L	omplications the	it caused the duse on each iin	eeth. Do a.	not enter	the mo	de of dy	ing, auc	h aa cardlac	or respi	ratory ar	rest,	Approximata intervai Between	
	IMMEDIATE CAUSE (Final														
	resulting in death)	resulting in death)													
_	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):														
S	cause, Enter UNDERLYIN CAUSE (Disease or injur	NG													
E	that initiated events	· •	DUE TO	(OR AS A CONSE	OUENCE O	F):									
ER	resulting in death) LAST	d					_								
	PART II. Other aignifican	nt conditions	contributing to	death but not	reaulting	in the u	nderlyin	g cause	given in	Part i. 24	a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS	
EDICAL	ARTERIOS	CLERO	TIC CARD	IOVASCU	LAR C	ISEA	SE				PERFOR	$\sim$		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
입										_   '	TES 2	N Mo		OF DEATH?	
	DID TOBACCO	USE C	ONTRIBUTI	E TO CAL	ISE OF	DEA	TH Y	ES [	1 NC					I I I I I I I I I I I I I I I I I I I	
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?						26. PI			eck only one)					
Sign	1 TYES 2 DO		1 Inputient 2	ER/Outpatient	3 🗌 DOA	OTHE		10 5 □ Re	esidence	8 Other (S)	pecify)				
	27. MANNER OF DEATH	1000	28e. DATE OF (Month, I		28b, TIN	ME OF	28c. IN.	URY AT		28d. DESCRI	BE HOW II	NJURY OC	CURED		
ВУ	1 Natural 5 P	ending restigation		, , , , , ,		M		YES 2	NO						
ا م	3 Suicide 8 C	Could not be	28e. PLACE ( building,	OF INJURY — At h	ome, farm,	street, fac	tory, offic	•		28t. LOCATIO	ON (Street e	and Numbe	r or Rural F	loute Number,	
ETE	4 Homicide d	letermined													
COMPLET	290. CERTIFIER 1 CERTI	FYING PHYSIC	IAN: To the best of	my knowledge, d	leath occur	red at the	time, date	end place	, end dua	to the cause(	s) end man	ner aa sta	ited.		
O.														) end manner es stated.	
BE C	296. SIGNATURE AND TITLE	OF CERTIFIER		Ma				29c. LIC	ENSE NUI	MBER		29d, DA	TE SIGNED	(Month, Day, Year)	
	- Dr	mh	1	Cho	~			D 3	0263			P C	7-7	9-94	
2	30. NAME AND ADDRESS OF FRANCIS KH	PERSON WHO	COMPLETED CAU	SE OF OEATH (IT	EM 27) (Type	o, Print) DWS	ON, N	ND. 21	204						
	31. DATE FILED (Month, Day, Y			AR'S IGNATURE											
	AUG 0 5 199	14 fall	allowallo m	charball											

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DIVISION OF VITAL RECORDS, P.O. BOA 66/60,	0
_	ral OR ATTENDING PHYSICIAN: The law requires that
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	FOR STATE	,	STATE OF I					IEALTH AND	MENTA	L HYGIEN	E		
_	REGISTRAR			С	ERTIF	ICAT	E OF	DEATH	_	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La								2. DATE	OF DEATH	W	YEAR	3. TIME OF DEATH
	Estelle A. Parsons									August 4, 1994			5:55 P. M
	4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	218-28-9939	1	□ M 2½ F	60	YRS.	MONTHS DAYS HOURS MIN. May 2, 1934					34	Mary	yland
	9a. FACILITY NAME (If not institution, gi			9b. CITY, TOWN OR LOCATION OF DEATH									
<u>د</u>	1000 Fredonia Ct.					Lansdowne Baltimor							
DIRECTOR	RESIDENCE OF DECEDENT										200.	TOTHE	, L. C
Ĭ Į	10a. STATE 10b. COU	NTY			10c. CIT	Y, TOWN	OR LOCA	TION		_			10d. INSIDE CITY
5	Maryland Balt	imo	re		Lan	sdow	ne						LIMITS?
ا پر	10s. STREET AND NUMBER						10	. ZIP CODE			10a, CIT		HAT COUNTRY?
2	1000 Fredonia C	+						21227					States
FUNERAL	11. MARITAL STATUS	_	WAS DECEDEN	IT EVER IN U.S. AI	DMED	140	WE 0 DE 0	ENDENT OF HISPA					
	1 Never Married 2 Married	"	FORCES? 1	YES 2	NO	13.	If yes, sp	ecify Cuban, Mexic	an, Puerto		OF NO -	Black,	American Indian,     White, atc.
B⊀	3 Widowed 4 Divorced		IF YES, GIVE V	WAR OR DATES			1   YES	2 NO Spec	ffy:			Specify	White
	15. DECEDENT'S I			16a, Di	ECEDENT'S	USUAL C	CCUPATI	ON	164	KIND OF BUS	NESS/INI	DUSTRY	***************************************
E	(Specify only highest gi			(0	Sive kind of b. Do NOT u	work done se retired.)	during me	est of working	"		31112007171		
9	8	· ·	college (1-4 or 5	Hom	nemak	er				Own Ho	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							10 MOTHER'S N	AME (Elect	Middle Maidee	Cumamal		
Ö	17. FATHER'S NAME (First, Middle, Last)  Simon Kindle  Lucy Toms												
H	19e. INFORMANT'S NAME (Type/Print)			40	NA MAN INV	ADDDEC	C /C++	and Number or Rural			A	4115	
2	Patrick L. Pars	ons						Ct., Ba					1227
		-		_									
	1 Burial 2 Cremation 3 Removal from State   cemetery crematory or other place)							atonsville, Maryland					
	4 Donalidr 6 Other (Specify)	110511	-	- METRO	CRE			INC. 6-8		Cat	onsv.	ıııe,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENS	SEE .	0		22. K	irk1	nd address of F ey-Ruddi	Ck F	inera1	Home	9	
	x /w/ a	K	المالم	L									MD 21061
	23. PART I. Enter the diseases,	or com	plications tha	t caused the d	eath, Do								Approximete
l l	shock, or heart fellu	re. List	only one ceu	use on each lin	0.						, ,		Interval Between
ŀ	IMMEDIATE CAUSE (Fine)	1250	Cm -/	1 - 11	00			/ /			Just .		Onset and Death
1	resulting in death)	1081	Small	(OR AS A CONSE	COMI	21	OT	lune	1-11	MAST	ZUVIC	-	SHLOWAN>
			502 10	(OII NO A CORSE	OUENCE	T):		(	/				
8	Sequentially list conditions,	b	DUE TO	(OR AS A CONSE	OUENCE O	E):							
EA	if any, leading to immediate cause. Enter UNDERLYING		502 10	(OII NO A CONSE	GOLINGE O	·.).							İ
	CAUSE (Disease or Injury	G	DUE TO	(OR AS A CONSE	OUENCE O	E).							-
Ē	that initieted events resulting in death) LAST		552 15	(01110 11 001102	O OLIVOL O								į
CERTIFICATION		_ d											
	PART II. Other significent condi-	ions c	ontributing to	deeth but not	resulting	in the u	nderlyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2										PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
										1   YES 2	₽₫ NO	- 1	OF DEATH?
Σ	DID TORACCO HIC		A IZOIDIITE		65 05								1 TYES 2 NO
AN	DID TOBACCO USE		MIKIROIF	: 10 CAU	SE OF	DEA							
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	_	OSPITAL:	2500		OTHE		LACE OF DEATH (C	heck only o	10)			
YS	1 TES 2 NO	1 (		ER/Outpatient	3 DOA			e 5 Realdence	6 🗆 Othe	r (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH  1 🔀 Natural 5 🗍 Pending		28a. DATE OF (Month, E		28b. TIA	IE OF JURY		URY AT ORK?	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
B	2 Accident Investigation	on				М		YES 2 NO					
8	3 Suicide 8 Could not		28e. PLACE C building,	of INJURY - At he atc. (Specify)	ome, lerm,	street, Jac	tory, offic	•	28I, LOC	ATION (Street a or Town, Stete)	and Numbe	r or Rural Ri	oute Number,
	4 Homicide determined												

29a. CERTIFIER (Chack only 1 🔀 CERTIFYING PHYSICIAN: To like best of my knowledge, dasth occurred at the lime, data and place, and due to the cause(s) and menner as stated.

of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

>12527

29d. DATE SIGNED (Month, Day, Year) ▶ August 5, 1994

M.D., 900 S. Caton Ave., Baltimore, Maryland Paul E. Gormley,

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TO THE HOSPITAL OR ATTENDING PASSIFES THE law requires that the death certificate be executed with hours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNEFAL DIRECTOR: After as certificate his been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the failure and physician permit is considered to the following the death with the facility or the failure of the facility or their trainmails event law market is applied to the facility of the facility or other trainmails event law market is applied to the facility of the facility or other trainmails event law market is applied to the facility of the facility or other trainmails event law market is applied to the facility of the facility or other trainmails event law market is applied to the facility of the facility of the facility of the facility of the facility or other trainmails event law market is applied to the facility of the facility o BALTIMORE, MARYLAND 21215-0020 S, P.O. BOX 68760

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DIVISION OF VINEL RECORDS	IL OR ATTENDING I	L DIRECTOR: After a	The second of the second
NOISINIO	TAL OR ATTENDING I	RAL DIRECTOR: After I	The second secon
DIVISION	HOSPITAL OR ATTENDING LAYS! FATTLE AW requires that the	UNERAL DIRECTOR: After this certifical hys been signed by thi	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  Eugene A. Pettus					2. DATE OF DEATH MONTH B/2/94	YEAR	3. TIME OF DEATH 12:25 p M		
1 8	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	THPLACE (State or Foreign		
1 )		13x M 2 □ F 72	YRS.	MONTHS DAYS	HOURS MIN.	1719/1922	Coor	"Md		
CC	Summit Nursing Ho			9b. CITY, TOWN O	R LOCATION OF DE	ATH 9	c. COUNTY OF			
15	RESIDENCE OF DECEDENT	me					Balt	imore		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			Baltimor	ZIP CODE			1 YES 2 NO		
VERA	5616 Mattfeldt Av	.10	USA	WHAT COUNTRY?						
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 TNO		cify Cuban, Maxicar	IC ORIGIN? (Specify Yea or n, Puarto Rican, etc.)	Bis	CE — American Indian, ck, White, etc. ccty: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mp/leted)	(Give kind of a	USUAL OCCUPATIO	N st of working	16b. KIND OF BUSINE	SS/INDUSTRY	***************************************		
<b> </b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Colle	e retired.) ge Profe	ccor	Education	on.			
I W	17. FATHER'S NAME (First, Middle, Last)	0	COLIE	ge IIOIE		ME (First, Middle, Maiden Sun				
BEC	Vincent Peciulis				Anna Re					
TO B	19a, INFORMANT'S NAME (Type/Print)					loute Number, City or Town, S				
	Carol Chatham					ing Sun, Md				
	20a. METHOD OF DISPOSITION  1  Burlal 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	ol from Stata carre	PLACE AND DATE O	of disposition (National Place)	me of	8/4 Balti	ION — City or 1			
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Leermour	22. NAME AN	D ADDRESS OF FAC	HLITY		u.		
TO BE CON	Petros	offe M	ODDII			n Funeral H Avenue, Bal		21220		
	23. PART I. Enter the diseases, or cor	nplications that caused	the death. Do r					Approximate		
	shock, or heert fallure. Liet only one ceuse on eech line.  Interval Between Onset and Death									
	disesse or condition resulting in death) a.	/	lefas,		Ca			1 74.		
		DUE TO (OR AS A	CONSEQUENCE OF	7:0	0 (0			4,		
O.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE CA									
SAT	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			Paris	whic C			125.		
TIF	thet initieted events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	7):						
CERTIFICATION	d.									
	PART II. Other significant conditions	contributing to death bu		n the underlying	cause given in i	Part I, 24a. WAS AN AUT		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL		Emacia	h'a.			1 TES 2 X	NO	COMPLETION OF CAUSE OF DEATH?		
	DID TODA GGO 1145 G		0.1100 0					1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE C	ONTRIBUTE TO	CAUSE O		YES NO					
SIC	EXAMINER?	IOSPITAL:	itlent 3 DOA	QTHER:	5 Residence					
ΉΥ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. INJI	JRY AT	28d. DESCRIBE HOW INJU	RY OCCURED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 WO						
<u>.</u>	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOC				281. LOCATION (Street and City or Town, State)	M. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:					to the cause(s) and manner		(a) and manner as stated		
BE COI	29b. SIGNATURE AND TITLE OF CERTIFIER	7	1		29c. LICENSE NUM			D (Month, Day, Year)		
5 8	30. NAME AND ADDRESS OF PERSON WHO	TOMPI ETEO CAUSE OF OF	TH OTEN ST G	D'	D 369	142 1	8/3	154.		
	13. ) URF	TKHIA M	0 10	09, FA	le deric	k Rd. Ca	tugu	ice, my		
	AUG 0 5 1994 July	32 REGISTRAR'S SIGNA	ATURE LA					21228		

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		4. SOCIAL SECURITY NUMBER	5. SEX
		481-07-9807	1 M 2 X F
Should		9a. FACILITY NAME (If not institution, give st	reet and number)
m	Œ	Good Samaritan N	
. 2.	18	RESIDENCE OF DECEDENT	3101116
Ses	Ĭ	10a. STATE 10b. COUNTY	
& 	1 2	Maryland	
E e	4	10e. STREET AND NUMBER	
ALRECORDS, P.O. BOX 68760,  BALTIMORE, MARYLAND 21215-0020  e law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.  has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	FUNERAL DIRECTOR	4142 Parkside Dr	ive
Sicial Sial-tra	ا جُ	11. MARITAL STATUS	12. WAS DECEDE FORCES?
9 P	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE
15-( endin as th	0	15. DECEDENT'S EDUC	ATION
or att	13	(Specify only highest grade	completed)
BALTIMORE, MARYLAND 21215-0020 ours after death. Page 6 may be retained by the hospital or attending physician 1 in by the funeral director, page 5 should be detached for use as the burial-train or removal.	COMPLETED	Elementary/Secondary (0-12) N/A	College (1-4 or s
AN the hos detach	Š	17. FATHER'S NAME (First, Middle, Last)	
Y/L	BE (	Paul Lamoreaux	
MAR retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	
E, N y be re bage 5	-	Frank A. Pietrows	ski (Hus
R may		20a METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Remo	wal from State
Model of the contract of the c		4 Donation 8 Other (Specify)	Total Guale
TIP Paral d		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES
AL deart fune fune			
BALTIMOR sours after death. Page 6 ma of in by the funeral director, I or remoral.		23. PART i. Enter the diseases, or c	omplications th
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the the		IMMEDIATE CAUSE (Finsl disesse or condition	Mat
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376 cominal, c		_	01/
OX 68	<u>č</u>	Sequentially list conditions,	DUE T
O O O O O O O O O O O O O O O O O O O	Ϋ́	If sny, leading to immediate csuse. Enter UNDERLYING	Soi
O. B ertificati ing phy gliene p	띮	CAUSE (Disease or Injury that Initiated events	DUE TO
P.O. th certification of other	E	resulting in death) LAST	
S, F death atter	CERTIFICATION		
TAL RECORDS, P.O. BOX 68760,  The law requires that the death certificate be executed within cours after the has been signed by the attending physician and completely filled in by the attending physician and completely filled in by the attending physician conceptedly filled in by the attended to burial, cremation, or removal em 23 shows any injury, or other traumatic event, the medical is	CIAN: MEDICAL	PART II. Other significant conditions	contributing t
s that med the auth a anny	음		
EC quire quire f Hex	₩.		
L R law re as bee Dept. o 23 sh	ä	DID TOBACCO USE CONTR	IBUTE TO C
TAI The laste has tate Determ 2	N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	
- 50 to =		1 TYES 2 NO	HOSPITAL:
	PHYS	27. MANNER OF DEATH	28a. DATE O (Month,
er the sam with marked		1 Natural 5 Pending 2 Accident Investigation	(Month),
0 0 0 0	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE
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DIVISOR ATT DIRECTO DIRECTO Hours aft	2	29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN: To the hear
<b>E 3</b> R =	M	(Check only one) 2 MEDICAL EXAMINER	
TO THE HOSPITAL TO THE FUNERAL DE filed within 72	8		
THE Fled	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	K.
V 553₹	5	Jules	_ '
1.1	, -	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAL

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGII	ENE
		CE	ERTIFICATE	OI	F DEAT	'H		REG. N	10.

1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPART	MENT O	OF I	ALTH AN	ID MEN	TAL HYGI			
1. DECEDENT'S NAME (First, Middle, Last)							2. 0	ATE OF DEATH	1		3. TIME OF DEATH
Elaine Frances Pie								ugust	3, 19	94	10:45 a m
		AGE (In yrs. las		IF UNDER 1 Y	-	IF UNDER 24 HI	RS. 7. D	ATE OF BIRTH	DALE	Cour	HPLACE (State or Foreign try)
481-07-9807 1 9a. FACILITY NAME (If not institution, give street		79	YRS.					Honth, Day Yea	-	Sou	th Dakota
Good Samaritan Nur		ter		Balti		LOCATION O	OF DEATH		9c. C	DUNTY OF	DEATH
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNTY				TOWN OR L		ON .					10d. INSIDE CITY LIMITS?
Maryland			Ba1	timor	-						1 X YES 2 NO
4142 Parkside Driv	7e					1206			100	S.A.	WHAT COUNTRY?
11. MARITAL STATUS 12	. WAS DECEDENT EX	VER IN U.S. AR	MED	13. WAS	DECE	DENT OF HIS	SPANIC OF	RIGIN? (Specify	Yes or No-		E — American Indian.
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR		10	If ye	s, spec	Ify Cuban, Me	exicen, Pue pecify:	erto Rican, etc.		Blac	k, White, etc.
3 Widowed 4 Divorced										1	White
15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	18a. DE	ive kind of wor Do NOT use	SUAL OCCU	PATION ng most	of working		16b. KIND OF	BUSINESS/	NDUSTRY	
N/A N/	College (1-4 or 5+)		memak					Own	Home		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	S NAME (FI	rst, Middle, Mai		.)	
Paul Lamoreaux								Buraff		,	
19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING A	DDRESS (St	treet and	Number or R	tural Floute I	Number, City or	Town, State,	Zip Code)	
Frank A. Pietrowsk	ki (Husba	nd) 4	142 P	arksi	de	Drive	, Ва	altimo	re, M	d. 2	1206
20a METHOD OF DISPOSITION 1 ABurial 2 Cremetion 3 Removal	Irom State	20b. PLACE	AND DATE OF	DISPOSITIO	ON (Nam	e of			LOCATION	City or To	own, Stata
4 Donation 8 Other (Specify)		St. S	tanis			etery			altim	ore,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENS						nek Fr		al Home	oc T	20	
will the				333	1 B	rehms	Lane	Bal	imor	e, Md	. 21213
23. PART i. Enter the diseases, or com ahock, or hast failure. List IMMEDIATE CAUSE (Finst disease or condition reaulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	Petast DUE TO (OR	on each line	A COUENCE OF):			Co			spiratory	sirest,	Approximate Interval Between Onset and Death
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF):								
PART II. Other significant conditions of	ontributing to des	th but not r	esuiting in	tha undar	rlying	cause givan	ı în Part i	0.00	AN AUTOPS	Y 24t	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
								1 - YES	2 NO		OF DEATH?
DID TORACCO LISE CONTRIB	LITE TO CALIC	F OF DEA	THE VEC			I I I CEPT		.	/		1 TYES 2 NO
DID TOBACCO USE CONTRIB  25. WAS CASE REFERRED TO MEDICAL	UIE IO CAUS		E OF DEATH			UNCERT	AIN L	<u> </u>			
EXAMINER?	OSPITAL:		_   0	THER:		6 Postd	200 B 🗆 C	Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJU	JRY	28b. TIME (	OF 280	. INJUF	Y AT		DESCRIBE HO	W INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	ear)	INJUR		WORK	(? S 2 □ NO					
3 Suicide 8 Could not be detarmined	28e. PLACE OF IN- building, atc.	JURY — At ho (Specify)	me, farm, stre	et, factory,	office			LOCATION (Stre City or Town, St		per or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSICIAN	To the best of my	knowledge de	oth coorned	et the time		at at a second	4				
(Check only one) 2 MEDICAL EXAMINER: 0											and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO CO	K. T	ny	)uo	www		9c. LICENSE		61	-		(Month, Day, Year)
Dr. Sireesh, 5670	The Aleme	eda (L	ochwoo	od Ap	art	ments)	) Ba1	timore	,Md.	Z <sub>12</sub>	39
31. DATE FILEO (Month, Day, Year)	# STEELEN K	HOLDINE									

IT a .

	1 DECEDENT'S NAME OF A LINE A	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  STATE OF MARYLAND / DEPARTMENT OF DEATH  3 TIME OF DEATH  3 TIME OF DEATH  3 TIME OF DEATH								
- 3	1. DECEDENT'S NAME (First, Middle, La.	+ Pally	WILLIAM I	PAKKY		2. DATE OF	DEATH DAY CO	YEAR	3. TIME OF DEATH	
12	4. SOCIAL SECURITY NUMBER	X \	MON		F UNDER 24 HRS.	7. DATE OF II (Month, Da	y. Year)	Country	PLACE (State or Foreign)	
	9a. FACILITY NAME (If not institution, gir		3 YRS.	CITY, TOWN OR	LOCATION OF DE		2/1911 Bc. COL	P UNTY OF DI	ennsylva	
СТОВ	Church Hospita	il			Baltimo	re Ci	ty			
DIRE	Maryland 106. cou	Baltimore	10c. CITY, TO	OWN OR LOCATION		idalk			10d. INSIDE CITY LIMITS? 1 YES 2 X N	
BAL	100. STREET AND NUMBER 7419 Holabird	Augnug		10f. Z	IP CODE	1222	10g. CI1		rhat country? Led State	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN ( FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, speci		IIC ORIGIN? (S	pecify Yes or No	14. BACE	- American Indian t, White, etc.	
8	15. DECEDENT'S E (Specify only highest gr	EDUCATION ade completed)	16a. DECEDENT'S USU (Give kind of work	done during most i	of working	16b. KIN	D OF BUSINESS/IN	IDUSTRY	Wilde	
OMPLET	Elementary/Secondary (0-12)  1 Oth Grade	College (1-4 or 5+)	Steelwa	,		Be	ethlehem	Stee	l Corp.	
CON	17. FATHER'S NAME (First, Middle, Last)	2				ME (First, Middl	e, Meiden Surname)			
BE	Edward Williams 1991. INFORMANT'S NAME (Type/Print)	am Parry	19b. MAILING AO	ORESS (Street and	Number or Rural		LES City or Town, State, Z.	ip Code)		
2	Mrs. Della P					-	rdalk, Mo			
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 R  4 Donation 6 Other (Specify)	amoval from State 20b. F	PLACE AND DATE OF DI tery, cremetory or other p 2AdOWLAG (			DATE				
	21. SIGNATURE OF SUNEARD SERVICE		sadovo Deag				Home of			
	134			7922 0	lise Au	Du	idalk, Mi	arul a	ind 212:	
	shock, or heart fellur IMMEDIATE CAUSE (Final disesse or condition resulting in death)	re. List only ona cause on aac		enter the mode	of dying, suc	h as cardisc	or respiratory s	rrest,	Approximation interval Basel Speed	
ERTIFICATION	shock, or heart fallul IMMEDIATE CAUSE (Final disease or condition	s. END ST  DUE TO (OR AS A C	ch lina.	enter the mode	of dying, suc	h as cardisc	or respiratory s	rrest,	Approximation interval Ba	
AL CE	shock, or heart failured in the state of the	b. DUE TO (OR AS A C	CONSEQUENCE OF):	CHA L	of dying, suc	obsi	Or respiratory so	100 St. 100 St	Approxima interval Ba Onset and	
S	shock, or heart failured in the state of the	b. DUE TO (OR AS A C	CONSEQUENCE OF):	CHA L	of dying, suc	Part I. 24	or respiratory so	100 St. 100 St	Approximinterval Bit Onset and Onset	
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BY PHYSICIAN: MEDICAL CE	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 29. CERTIFIER (Check only)  1 CERTIFYING PR	B. DUE TO (OR AS A CO.  DUE TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  t not resulting in the consequence of the consequence	26. PLACE THER: Nursing Home M 26. INJUR WORK 1 YES t, fectory, office	of dying, suc	Part I. 244  Color (Sc. 284. OESCRI  Color City or R. 284. Automotion of the cause(strine, data and	Or respiratory signs or respiratory signs or respiratory signs or respiratory signs or respiratory signs or respiratory or respiratory or respiratory or respiratory or respiratory or respiratory or respiratory or respiratory signs or respir	CCURED ar or Rural R	Approximatinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval Baselinterval	

MIG PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygher prior to burial-centation, or enhouse. BALTIMORE, MARYLAND 21215-0020 WISION OF VITAL RECORDS, P.O. BOX 68760,

> TO THE HOSP TO THE FUNER. De filed within 7

1 - FOR STATE REGISTRAF

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR			ERHFIC	CALL	F DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest	)	-				2. DATE OF	DEATH		3. TIME OF DEATH	
	Viola	Mae		Phi1	ling		MONTH	OAY	YEAR	04.05.34	
	4. SOCIAL SECURITY NUMBER		0 AOE (In In					29, 1		04:25 AM	
	4. SOCIAL SECONTY NUMBER		6. AGE (In yrs. las	"	IF UNDER 1 YEA		7. DATE OF I	BIRTH ly, Year)	8. BIRTI Count	HPLACE (State or Foreign try)	
	231-18-1610-D	1 □ M 2X F	80	YRS.	April 8, 1914 Tennesse						
	9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR						9c. COUNTY OF D		
Œ	Evadavials Name	eisl Hospi	L = 1		Dec el						
DIRECTOR	Frederick Memor	tial Hospi	tdl		Frede	erick			Freder	1CK	
	10a. STATE 10b. COUN			10c. CITY, TOWH OR LOCATION						10d. INSIDE CITY	
<u> </u>	Maryland Mon									LIMITS?	
	4 1011		Dall	ascus					1 TYES 2 NO		
١₹	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	12401 Prices D	istillery	Road			20872		_	U.S.	A.	
15	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13. WAS 1	ECENDENT OF HISP	ANIC ORIGIN? (S	pecify Yea or	No- 14 BAC	E — American Indian,	
	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA	YES 27	NO	If yes,	specify Cuban, Maxie	an, Puerto Rica		Blec	k, White, stc.	
B	3 Widowed 4 Divorced	IF TES, GIVE W	H ON DATES		ישי	ES 2 NO Spec	elfy:		Whi		
۵	15, DECEDENT'S ED	LICATION	180 DE	CEDENT'S	SUAL OCCUP	TION	400 800			re	
1 📙	(Specify only highest grad	de completed)	(G	ive kind of wo	rk done durina	most of working	100, KIP	ID OF BUSIN	NESS/INDUSTRY		
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	,,,,,	. DO NOT USE	retired.)						
a   ₽	12		Hor	emake	r		Don	nestic	7		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Midd	le, Maiden Su	mame)		
Е Ш	Coy	Phillips				Roxie	Estes				
TO BE COM	19a, INFORMANT'S NAME (Type/Print)		19	h MANING A	DDRESS /Stra	et and Number or Rura	I Dougla Number (	Chi or Tourn	State Zin Code)		
2	Marjorie F. Sett	-10	1.0			d., Lind					
		TE		401 1	nca ko	i., Lind			12		
	20a. METHOD OF DISPOSITION 1 Burlat 2 Termation 3 Rai	moval from State		AND DATE OF	DISPOSITION	(Name of	DATE	20c. LOCA	TION — City or To	own, Stata	
	4 Donation 5 Other (Specify)				emato:	~17	Locust Grove, Virginia			. Virginia	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1		22. NAME	AND ADDRESS OF	ACILITY	Enr	orol II	The Tree	
examiner	Moser Funeral Home									me, mc.	
	233 Broadview Ave., Warrenton, VA 22186  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate										
Dedical	23. PART i. Enter the diseases, or	complications that	caused the de	ath. Do no	t enter the	mode of dying, au	ch aa cardisc	or respira	tory screet,	Approximate	
Ē	shock, or heart fellure	. List Dnly Dne caus	e on each line							interval Between	
	IMMEDIATE CAUSE (Finsi disesse or condition	Co.	1	1						Onset and Death	
	disease or condition resulting in desth)  Due TO (OR AS A CONSEQUENCE OF):										
event, the	DUE TO (OR AS A CONSEQUENCE OF):										
	Cache xir										
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate  b. Ca Ax X X  DUE TO (OR AS A CONSEQUENCE OF):										
N P	cause. Enter UNDERLYING										
RTIFIC	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE	DUENCE OF):							
	resulting in death) LAST										
		d									
	PART II. Other algnificent condition	one contributing to c	leath but not r	resulting in	the underly	ing cause given i	n Part I. 24	. WAS AN AL	ITTOPSV 241	. WERE AUTOPSY FINDINGS	
EDICAL								PERFORM		AVAILABLE PRIOR TO	
							1	☐ YES 2 ←	NO	COMPLETION OF CAUSE DF DEATH?	
								,		1 TYES 2 NO	
2 3	DID TOBACCO USE	CONTRIBUTE	TO CAUS	SE OF	DEATH	YES   NO	O				
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C	heck only one)				
E S	EXAMINER?	HOSPITAL:	ED/Outs 11		OTHER:						
		1 Impatlant 2	-			ome 5 Realdence					
P. E.	27. MANNER OF DEATH	26a. DATE OF il (Month, Day		28b. TIME INJU		INJURY AT WORK?	28d. DESCRI	BE HOW INJ	URY OCCURED		
BY PH	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				V.	
	3 Suicide 6 Could not be	26a. PLACE OF	INJURY - At ho	ma, farm, atr	eet, factory, o	ffice	28f. LOCATIO	N (Street and	d Number or Rural	Route Number,	
ZED TED	4 Homicide detarmined	building, a	tc. (Specify)				City or To	wn, State)			
	29a, CERTIFIER				_	_:-					
1 4	(Check only 1 CERTIFYING PHY	SICIAN: To the beat of n									
BE COMPLE	one) 2 MEDICAL EXAMIN	IER: On the beals of axe	mination and/or	investigation,	In my opinion	, death occured at th	e time, data and	place, and	dua to the cause(	a) and manner as stated.	
š Ö	29b. SIGNATURE AND THE OF CERTIFI					29c. LICENSE N					
B	1 holes					A i Y	DC 1	Ι,	DATE SIGNED	(Month, Day, Year)	
2	11000					1118	7		7-2	1-77	
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, F			~				
	100 ) Centres	T. 7	hurn	1 an	K	10 4	127				
	31. DATE FILED (Month Day Year)	32 REGISTRAR									
	AUI-U D 1994 /	the mineral	MANGELL								

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Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death.

Pages 1, 2, 3 should

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medical examiner

the

event,

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or other

Injury,

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Mario

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jr.

M.D. 32. BEGISTRAR'S SIGNATURE

Golle

ŏ

**BECORDS, P.O. BOX 68760** VITAL

**DIVISION OF** 

attending physician and completely filled in by the funeral director, cremation, requires that the death certificate be executed within burial, prior to the atter Signed by the Control of the Control OR ATTENDING PHYSICIAN certific the S this with death after hours TO THE HOSPITAL TO THE FUNERAL ID BE filed within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR HENRY LOUIS RUPPERT AUGUST 94 0434 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign 1 🔀 M 2 🗌 F 212-26-5707 63 Sept. 18, 1930 Maryland 9e. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN GOOD SAMARITAN HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 YES 2 NO Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6128 Fairdel Avenue, Apt. 1A 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify: White IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: В 3 Widowed 4 Divorced Korean War ED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Fireman Baltimore City 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Louis Ruppert Anna Schmidt 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1A) Mary P. Ruppert (Wife) 6128 Fairdel Avenue, Baltimore, Md. 20a. METHOD OF DISPOSITION
1 № Burtal 2 □ Cremeilon 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Holy Redeemer Cemetery 8/6 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 24000 3331 Brehms Lane, Baltimore, Md. 21213 26. PART i. Enter the diseases, complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart talkere. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Figur disease or condition Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2X NO 1 YES 2 NO Inquiry DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO INCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER: YES 2 | NO 1 Inpatient 3 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, tarm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED | 6 Could not be 4 Homicide detarmined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated. COMPL (Check only one) MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated. 294. SIGNATURE AND THILE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) AUGUST 3,1994 O.C.M.E 2

111 Penn Street, Baltimore, Maryland 21201

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HOSPITION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TOUS after death. Page 6 may be retained by the hospital	er this	vithing the pure effect death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - FOR STATE OF MARY		TMENT OF I		ENTAL HYGIEN REG. NO.	E		
		RASNAKE			2. DATE OF DEATH DATE OF 08 04		3. TIME OF DEATH P	
	230-30-4555 1※ № 2 🗆 ೯	3E (In yrs. lest birthday) 65 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Month, Day, Year)	28	NRTHPLACE (State or Foreign Country) VIRGINIA	
IOR	se. FACILITY NAME (If not institution, give atmet and number)  12 ROL PARK TRAILER VII  RESIDENCE OF DECEDENT	LAGE		LERSVILI		9c. COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY  MARYLAND ANNE ARUNDE		y, TOWN OR LOCA	LERSVIL	LE		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ERAL	100. STREET AND NUMBER  12 ROL PARK TRAILER VII	LAGE	10	21108		10g. CITIZEN U.S	of what country? . A.	
BY FUNER	11. MARITAL STATUS  1  Nover Merried 2 Merried  3  Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 NY IF YES, GIVE WAR OF 1 947-194	ES 2 NO R DATES	If yes, s	CENDENT OF HISPANIC lecify Cuben, Mexicen, 6 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College (1-4 or 8+) O	life. Do NOT us	vork done durina m	ON pet of working	166, KIND OF BUS	SINESS/INDUST	RY	
BE CON	17. FATHER'S NAME (First, Middle, Last) BENJAMIN H. RASNAKE			TINY A	E (First, Middle, Melden BARTON			
2	190. INFORMANT'S NAME (Type/Print) NANCY D. RASNAKE	12 R	OL PARI		R VILLAG	E-MIL	LERSVĪLĒ,MI	
	20e. METHOD OF DISPOSITION  1 □ Burlai 2 (X Cremation / 3 □ Removal from State  4 □ Donation 8 □ Other (Specify)  21. SIGNATURE OF FURERAL SERVICE LICENSES	METRO C	KEMA'TO	RY, INC.	8/8	CATIONS	or Town, State VILLE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	fmon		ND ADDRESS OF FACI MOND C. I CRAIN HI		ERAL LEN B	HOME 21061 URNIE,MD.	
	23. PART I. Enter the diseases, accomplications that cause of the control of the cause of the ca		LU	ode of dying, such		iratory srrest,	Approximate Interval Between Onset and Desth	
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE O						
MEDICAL CE	PART II. Other significant conditions contributing to deat		in the underlying	ng cause given in P	art I. 24a. WAS AN PERFOI 1 1 YES 2		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL			40F OF DE 15			1 Tyes, 2 Tho	
	EXAMINER?  1 YES 2 NO   1   Input left 2   ERA	Outpetlant 2   DOA	OTHER:	LACE OF DEATH (Chec				
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 8 Pending (Month, Day, 16	RY 28b. TIN	IE OF 28c. IN		28d. DESCRIBE HOW	INJURY OCCUR	ED	
CETED BY	a Decident	URY — At home, farm, Specify)	street, factory, offi	ce	281. LOCATION (Street City or Town, State)	and Number or F	Bural Route Number,	
Committee	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examine						iuse(s) and manner as stated.	
O BE C	1990, SIGNATURE AND TITLE OF CERTIFIER	Live	M	29c. LICENSE NUME	S 5 ]	17 7	GNED (Morith, Day, Year) 05/94	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF RUSSELL R. DELUCA M.D.	-3001 s.		ER ST-C-	604-BAL7	TIMORE	,MD.21225	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	BIGNATURE						

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TO THE HOSPITAL OF ATTEMBINE P. YSICIAN: The law requires that the death certificate be executed with the fours after death. Page 6 may be retained by the host	TO THE FUNERAL DI SCIOR: After its certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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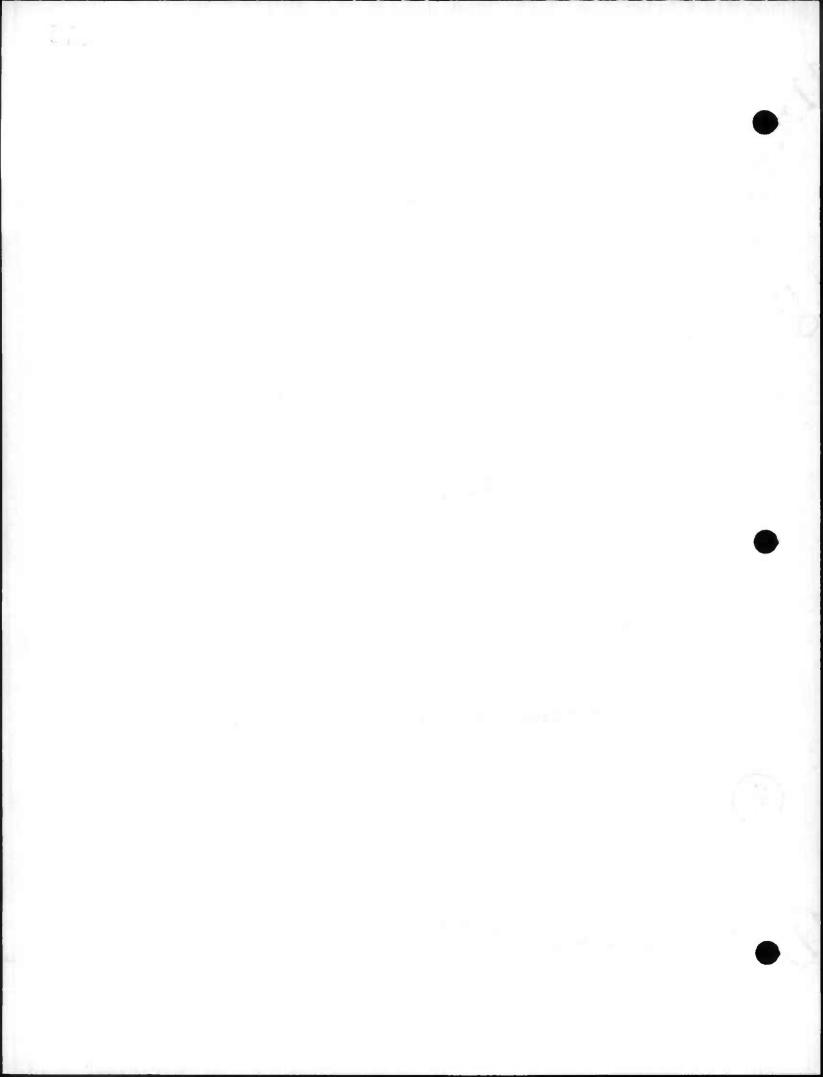
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA					EALTH DE.A		MEN.	TAL HYGIEN			
	1. DECEDENT'S NAME (First, M.	liddle, Last)										ATE OF DEATH			3. TIME OF DEATH
	LLOYD	т.		RH	CKER							JGUST 4		YEAR	4:30 A.
	4. SOCIAL SECURITY NUMBER		5. SEX		n yrs. lest bir	rthday)	IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	_	TE OF BIRTH	, 155		IPLACE (State or Foreign
	214-52-8464		1 🛛 M 2 🗆 F		40	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year)		Countr	γ)
	9a. FACILITY NAME (If not instit		treet and number)		43		9h CITY	TOWN	BLOCAT			10,			XAS
Œ									RUNDEL						
DIRECTOR	RESIDENCE OF DECE		J. (1 / L)				الطريان	V DO	TAATT				AIV.	INE A	KUNDEL
띭	10a. STATE 1	Ob. COUNTY	,		-10	Oc. CITY	, TOWN (	OR LOCAT	ION						10d. INSIDE CITY
8	MARYLAND	ANNE	ARUNDEL		- 1	GLE	EN B	JRNI	E						LIMITS?
A	10e. STREET AND NUMBER								. ZIP COD				10g. CIT	ZEN OF W	VHAT COUNTRY?
BY FUNERAL	7887 TWIN RI	IDGE I	DRIVE						2106	1			UNI	TED S	STATES
5	11. MARITAL STATUS		12. WAS DECEDEN			D	13.	WAS DEC	ENDENT (	OF HISPAN	HC ORI	GIN? (Specify Yes	or No-	14. RACE	— American Indian, c, White, atc.
>	1 Never Married 2 X Ma 3 Widowed 4 Divorce		IF YES, GIVE V					1 Yes, sp	2 X NO	Specify	n, Puar /:	rto Rican, etc.)		Speci	
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COMPLETED	15. DECED (Specify only hi	ENT'S EDUC ighest grade			16a. DECEO	kind of w	rork done		ON st of worki	ng		16b. KINO OF BU	SINESS/INI	DUSTRY	
<u>u</u>	Elementary/Secondary (0-12	2)	College (1-4 or 5	+)	ille. Do	NOT us	e retired.)								
₩.	12 yrs				Flec	ctr	icia	n				Utilit			
	17. FATHER'S NAME (First, Midd								(90,11)		,	st, Middle, Meiden	,		
BE	Hall Lloyd		ker		_							eth M. W			
2	19a. INFORMANT'S NAME (Type											lumber, City or Tow			
	Mrs. Sandra		er		788	87 '	lwin	Rid	ge D	rive		en Burr			
	20a. METHOD OF DISPOSITION 1 □ Burtal (2 □ Cremation	3 🗆 Rame	oval from Stata	20b.	PLACE AND	DATE O	F DISPOS	ITION (No	me of		D	ATE 20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Other (S)			_   G1	en Ha	aver						94 G16	n Bu	rnie	, Maryland
	21, SIGNATURE OF FUNERAL S	SEMPLICE LIC	ENSEE	- 0			22. K	NAME AN	EY_R	SS OF FA	CK	FUNERAL	HOM	E	
	Mast	a V	habe	L											, MD 21061
	23. PART I. Enter the dise	esea, or c	omplications the	t ceused	the death	n. Do n									Approximate
	iMMEDIATE CAUSE (Finel		List only one ceu	use on ee	och line.										Interval Batween Onset and Death
	disease or condition		M	ata (	an Au	-	2	E. 141	14-	EER	151.1	214			1142
	reaulting in death)		DUE TO	(OR AS A	CONSEQUE	NCE OF	7:	12010		- 4		/-/			
z			DUE TO	ETAST	MAL	(	:45	mc	C	IN CS	2				3 yrs
CERTIFICATION	Sequentially list condition if any, leading to immedia	18,			CONSEQUE										
\8	cause. Enter UNDERLYING CAUSE (Disease or injury		C												
ᄩ	that initiated events		OUE TO	(OR AS A	CONSEQUE	NCE OF	):								
띪	resulting in death) LAST		d,						_						
LC	PART il. Other aignificant	condition	s contributing to	deeth bu	it not reau	iltina i	n the ur	derlying	COURA	alven in	Part 1	240 WAS AN	AUTOBRY	246	WERE AUTOPSY FINDINGS
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MEDICA												1   YES 2	M NO	-	OF DEATH?
		_													1 TYES 2 NO
PHYSICIAN:	DID TOBACCO 25. WAS CASE REFERRED TO A		CONTRIBUTE	TO	CAUSE	OF	DEAT				_				
<u>i</u>	EXAMINER?	MEDICAL	HOSPITAL:			-	OTHE		ACE OF C	EATH (Ch	eck only	y one)			
ΙλS	1 VES 2 NO		1 Inpatient 2		-		_			esidenca	_	ther (Specify)			
	1 Natural 5 Per	nding	28a. DATE Of (Month, E		21	8b. TIME	URY		RK?	7 410	28d. I	DEŞCRIBE HOW I	NJURY OC	CURED	
B	2 Accident Inv	restigation	ana Bi ACE C	NE IN HARM	40.5				/ES 2 [	_) NO					
8		uid not be tarmined	28e. PLACE C building,	etc. (Speci	ify)	, tærm, s	treet, IEC	огу, опіс				OCATION (Street : City or Town, State)		r or Rurel F	loute Number,
i i	29a. CERTIFIER														
MP	(Check only		CIAN: To the best of												
COMPLETED	2   MEDICA	L EXAMINE	H: On the basis of e	xamination	end/or Inve	atigation	n, In my c	pinion, d	eath occu	red at the	time, c	lata and placa, an	d dua to ti	na cause(a	) and manner as stated.
BE (	296. SIGNATURE AND TITLE OF	F CERTIFIER	00	0					29c. LIC	ENSE NUN	MBER				(Month, Day, Year)
TO E	Nulven		to Sec	el	MO	)			MA	D	44	CFZ	•	AUGU:	ST 4, 1994
	30. NAME AND ADDRESS OF P	ERSON WH	O COMPLETED CAU	SE OF DEA	TH (ITEM 27	7) (Type,	Print)					(no	A 1.	wice	61 sr

FLOOD MD. TOWNS HOPENS

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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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F VITAL RECORDS, P.O. BOX 68760	be execu	ician and	rior to burn
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	1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH , MONTH DAY	3. TIME OF DEATH						
	Ella Mae Smith			July 30	1994 19:45 M						
	4. SOCIAL SECURITY NUMBER 250-26-2723  5. SEX 1 □ M 2 🔀 F 77	yrs. lest birthday) IF UNDER 1 YEA	7. DATE OF BIRTH (Month, Day, Year) 2-1-17	8. BIRTHPLACE (State or Foreign Country) S.C.							
_	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOV	N OR LOCATION OF DI	EATH 9c.	COUNTY OF DEATH						
CTOR	Union Memorial Hospital	Balt	imore Cit	У							
S S	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION		10d. INSIDE CITY						
DIRE	MD	BALTO			XX YES 2 NO						
ERAL	100. STREET AND NUMBER 835 WHITELOCK ST 21217 10g. CITIZEN OF W										
FUN	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U FORCES? 1 YES	LS. ARMED 13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes or N	fe— 14. RACE — American Indian, Black, White, etc.						
8Y F	1 Never Married 2 Married  1 YES GIVE WAR OR DATE	ES 1	specify Cuban, Maxica (ES 2 X NO Specif	n, Puerto Rican, atc.) y:	Specify: BLACK						
		6a. DECEDENT'S USUAL OCCUP	ATION:	Last Mills on Blanca							
ETE	(Specify only highest grade completed)	(Give kind of work done during life. Do NOT use retired.)	most of working	16b. KIND OF BUSINES	IS/INDUSTRY						
7	Flamentary/Secondary (0-12) College (1-4 or 5+)	CHEF-COOK		RESTAUA	TNA						
COMPL	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Surne							
70	ALLEN JONES		MARY	WILSON							
De notified TO BE	19a. INFORMANT'S NAME (Type/Print)			Route Number, City or Town, Sta	ete, Zip Code)						
9 -	JESSIE SHERROD	835 WHITE	LOCK ST	BALTO, MD	21217						
	20s. METHOD OF DISPOSITION 20b. P. 1 & Burlet 2 Cremetion 3 Removal from State	LACE AND DATE OF DISPOSITION	(Name of	DATE 20c. LOCATIO	ON — City or Town, Stata						
E	21. SIGNATURE OF FUNCHAL SERVICE LICENSEE	ARYLAND NA			IREL, MD						
examiner must	Mala March		CH F/H-W	EST 4300 W	JARASH AVE						
injury, or other traumatic event, the medical	23. PART I. Enter the diseases, or compilections that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, pr heart failure. List pnly pne ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Enter United Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Approximate interval Batweet Onset and Death of the Constant of the Const										
shows any : MEDIC	PART II. Other significent conditions contributing to death but  DID TOBACCO USE CONTRIBUTE TO C.			PERFORMED  1 VES 2 X	7 AMILABLE PRIOR TO COMPLETION OF CAUSE						
SICIAN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (Ch	LIN							
or item YSICI/	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Outpeti	OTHER:	Iome 5 Residence								
P. F.	27. MANNER OF DEATH  1   Netural 5 □ Pending  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW INJUR	Y OCCURED						
40	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	Al home, farm, street, factory,	YES 2 NO	281. LOCATION (Street and N City or Town, State)	fumber or Rural Route Number,						
de la											
	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled medical EXAMINER: On the best of examination at the control of the control of the best of examination at the control of the control o										
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		d. DATE SIGNED (Month, Day, Year)						
IMPOR	M. Sancesa		ATAI	138946	July 30/1994						
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	1	7.1.1.0								
	Waiel S'amara, M.D.		movial	Hos pital	b						
	31. DATE FILED (MORITH, Day, Year) AUG 0 5 1994 Julia Develor Revolution	URE L									

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SA SHELLING SEE SHEET

		Item #1 film # G FOR STATE REGISTRAR	714 08-08-94 N. STATE OF MARYL	.and / Depai	neral Hom TIMENT OF I	HEALTH AND	MENTAL HYGII				
		1. DECEDENT'S NAME (First, Middle, Last)	Doriane	Marnita	Smith		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATN		
		- Dorian  4. SOCIAL SECURITY NUMBER	Smit	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	July 3	0 199	4 2322 M BIRTNPLACE (State or Foreign		
_		217-80-8716		32 YRS.	MONTHS DAYS	HOURS MIN.	2-10-19	62	Country) Md		
should	_	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNTY	OF DEATN		
2, 3	TOR	3015 The Alameda Baltimore									
if. Pages 1,	DIRECTOR										
n. ansit permit.	IERAL	2915 Ridgewood Avenue   21215   U.S.A									
Z 13-UUZU attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)								
raior atte	APLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION completed) College (1-4 or 5+)		USUAL OCCUPATI work done during m se retired.)		16b. KIND OF	BUSINESS/INDUS	TRY		
# 8 € €	BE COMPL	17. FATNER'S NAME (First, Middle, Last) Thomas Smith				Caroly	n Peterso	n			
ay be retained by page 5 should by be notified a	101	Carolyn P. McCullough  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2915 Ridgewoodwood Avenue Balto, Md 212									
Pust Som		20a. METNOD OF DISPOSITION 1		b. PLACE AND DATE metery, cremetory or o King Met			0000	ndallst	own, State		
ALLIM death. Page tuneral dire i. examiner n		21. SIGNATURE OF FUNERAL SERVICE LICE		/	22. NAME A	ch F/H W	est				
after of the cal		23. PART I. Enter the diseases, or o	omplications that ceuse	d the death. Do	not enter the m	O Wabash	Avenue E	epiratory arrea	t, Approximata		
filled in the me		ahock, or heart feilure. I	DUE TO OR AS	CONSEQUENCE O	and i		2000		Interval Between Onset and Death		
ficate be execute physician and contract prior to burian er traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST		A CONSEQUENCE O							
	B		• —————								
requires that the does signed by the afternoon Merita and Merita and Merita and Inlum	: MEDICAL	DID TOBACCO USE C				YES NO	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO		
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. F	PLACE OF DEATH (C)					
S. S. S.	YSIC	1 XYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out			me 5 XResidence	6 Other (Specify)				
NG PHYSI fler this c eath with marked,	ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til.	JURY W	JURY AT ORK? YES 2 YNO	Subject	W INJURY OCCUP	EL AND		
TTENDI TOR: A after d		2 Accident investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURN building, etc. (Spe	Y — At home, term,		ice	261. LOCATION (Streetly or Town, St. 3015 TH	nto)	Rural Route Number,		
AL OR	COMPLETED		IAN: To the best of my know	vledge, death occur	ed at the time, dat		to the cause(a) and	manner ee stated.	ause(a) and manner as stated.		
E HOS with	BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	)			29c. LICENSE NU	MBER	29d. DATE S	IONED (Month, Day, Year)		
TO THE HOSPID TO THE FUNERA De file within 7 IMPORTANT: 1	TO B		M			O.C.M	1.E.	▶ Ju	lv 31 1994		
		30. NA AND D ESS OF POSON WHO	No	111 1		reet. I	Baltimor	eMar	yland 21201		
		AUG 0 5 1994	THE PERSONAL PROPERTY OF THE PERSONAL PROPERTY	TURE							

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ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-714 8/12/94 t.t.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 30 DAVID ĴÜLY 94 SCOTT 8:11P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH 8. BIRTHPLACE (State or Foreign 212-36-6383 5-17-38 1 🛛 🗓 2 🗆 F DAYS HOURS 66 Md. YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Md. Baltimore KIXXXVES 2 - NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 530 W. Preston St. 21201 funeral director, page 5 should be detached for use as the burial-transit USA retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: Never Married 2 Married Specify Black ВУ 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Second 7th dary (0-12) College (1-4 or 5+) Laborer 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) To Unk. Della Scott BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, Stelle, Zip Code) 2 LaTonya Paul 549 W. Dophin St.Baltimore, Md. 21201 Page 6 may be pe 20e. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 Burlet 2 Cremation 3 Removal from State Mt.Zion C:m. 8-5-94 4 ☐ Donation B ☐ Other (Specify) \_ Lansdowne, Md 22. NAME AND ADDRESS OF FACILITY Albert P. Wylie F/H PA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE iours after death. 638 N.Gilmor ST.21217 the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. medicai interval Betw **Onset and Death IMMEDIATE CAUSE (Finel** the disease or condition\_ NARCOTIC AND ALCOHOL INTOXICATION reauiting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST 0 In ury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL has been signed by t Dept, of Health and PERFORMED? AWAILABLE PRIOR TO any 1 YES 2 - NO YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES PHYSICIAN: ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) r this certificate h h with the State [ HOSPITAL:
1 | Inpatient 2X|XR/Outpatient 3 | DOA OTHER: XXYES 2 NO 4 Nursing Nome 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED marked, 7:55 P 1 Netural 5 P M 7-30-94 1 YES 2 NO DIRECTOR; After the hours after death villem 28 is mark B UNKNOWN 2 Accident 28e. PLACE OF INJURY — Al home, lerm, streel, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Burel Route Numb City or Town, State) 459 WALTON COURT BALTIMORE CITY MD. 3 Suicide COMPLETED 8 XX Could not be 4 Homicide FOUND: PRIVATE DWELLING OR 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If It (Check only one) HOSPITAL 2 X MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 29b. SIGNATURE ANO TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Yes 29c. LICENSE NUMBER B 표 31/94 O.C.M.E. JULY 2

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A REGISTRAR SIGNATURE

111 Penn Street, Baltimore, Maryland 21201

DHMH-16 Rev 1/89



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31. DA AUG 0-5 1994 July Dunism Radall

1 -	FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND	MENTAL HYGIEI						
t. D	DAVON DAC	NAN Sur	nmerville			DAY YEAR	3. TIME OF DEATH				
6	OCIAL SECURITY NUMBER 19-37-83// FACILITY NAME (If not institution, give st	5. SEX 6. AGE	YRS. MOTE	ER 1 YEAR IF UNDER 24 HRS.  DAYS HOURS MIN.  TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	3 8. BIR COU					
HOT TOR	SIDENCE OF DECEDENT	metry	G	altimore Cit	iq	Battin	none City				
E M	STATE 10b. COUNTY  STREET AND NUMBER		10c. CDY, TOWN	OR LOCATION  101, ZIP CODE	2)	10g CINZEN OF	10d. INSIDE CITY LIMITS? 1 PES 2 NO F WNAT COUNTRY?				
E 1/2	435 AAA MARITAL STATUS	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	L WAS OECENDENT OF NISPA If yes, specify Cuban, Mark 1 — YES 2 — NO Spec	an, Puerto Rican, etc.)	es or No.— 14, RA Bit	CE — American Indian, ack, White, etc.				
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT see retired	during most of working	16b. KIND OF BI	USINESS/INDUSTRY	STACK				
	ATTER'S NAME (First, Middle, Last)	Sum	nervill	e VAL	AME (First, Middle, Maide Prie	1509	ers				
ρ (194 20a.	INFORMANT'S NAME (Type) Print)  Surface of Disposition  Burlet 2 Cremation 3 Remo		19b. MAILING ADDRE		ew Ave, Ap	wn, State, Zip Oboli)  12084/  OCATION — City or	To md 2/21) Town, State				
40	Donation 5 Other (Specify)		LOUIUS 2	NAME AND ADDRESS OF	16 B	Alto, ( Jerag 1 18. BAI	10 9100 4000 E				
IMI	23. PAST I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION ses											
	RT II. Other significant condition	s contributing to deeth i	but not resulting in the t	inderlying ceuse given in	Pert I. 24a. WAS A PERFO	PRMED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
CI AN.	DID TOBACCO USE  MAS CASE REFERRED TO MEDICAL  EXAMINER:  1 YES 2 NO	CONTRIBUTE TO	ОТН	26. PLACE OF DEATH (C			1 1 1 2 1 1 10				
8 2	IANNER OF DEATH    Natural 5   Pending     Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW						
₩ 4	Suicide 6 Could not be detarmined	building, etc. (Spe	Y — At home, ferm, atreet, fa	ctory, office	281. LOCATION (Street City or Town, State		il Route Number,				
<u>_</u>				lime, date and place, and du opinion, death occured at th			e(s) end menner as stated.				
29b.	SIGNATURE AND TITLE OF CERTIFIER  AME AND ADDRESS OF PERSON WHI	eny M.D	EATH OTEN OD (5 Orion)	29c. LICENSE NU	JMBER	29d. DATE SION	ED (Month, Day, Year)				

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with thours after death. Page 6 may be retained by the hospital or attending physician.

UREBITOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIMENON OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

	1 DECEDENT'S NAME (Fire	t Middle Leath			OLITIII	ICAIL	_ 01	DEA		HEG. NO			
1	MARCADET MADY CHETHENICONI MONTH DAY YEAR										8:20 a		
	4. SOCIAL SECURITY NUM	s. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.							LACE (State or Foreig			
- 7	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last 194-26-9269 1 □ M 2 ⊠ F 59					MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10-21-34		Country)	
- 8	9a. FACILITY NAME (If not i	nstitution, give	street and number)	33		9b. CITY	TOWN	OR LOCATION	ON OF DEA		9c COH	INTY OF DE	sylvania
۳ ا	200 Towson			/SOI		JII OI DE	3111						
CTOR	RESIDENCE OF DE		100	N S OI	11	_		Bal	timor	e			
DIRE	10a. STATE	16b. COUNT	Y		10c. CI	TY, TOWN C	OR LOC	ATION					10d. INSIDE CITY LIMITS?
	Maryland	Balt	imore		To	wson							t TES 2 NO
¥	100. STREET AND NUMBER	-		1	of. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?			
FUNERAL	200 Towso	ntowne	Ct.					2120	4		U.S	.A.	
ا ق	ti. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S						C ORIGIN? (Specify Yes	or No-		- American Indian, White, etc.
B	t Never Married 2 3 Widowed 4 Div			MAR OR DATES				S 2 X NO				Specify	:
		EDENT'S EDU	I	La								Whit	e
ETE	(Specify on	ly highest grade	completed)		(Give kind of life. Do NOT (	work done i		nost of working	g	16b. KIND OF BU	SINESS/IN	DUSTRY	
P.E.	Elementary/Secondary (	0-12)	College (t-4 or 5		Market		)i re	ector		Alcohol	Cour	ncali	na
COMPLI	17. FATHER'S NAME (First, A	Aiddle Last)							JED'O MAN	IE (First, Middle, Maiden		113611	119
EC	William M.							200		M. Ward	Juniter(10)		
0	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRESS	S (Street			oute Number, City or Tow	n. State 74	n Godel	-
임	GERRI C. A		LOSS							ltimore, M			
	20a. METHOD OF DISPOSIT			20b. PLA	CE AND DATE	OF DISPOS	SITION //					City or Tow	n, State
	1 S Burial 2 Cremati 4 Donation 5 Othe		oval from State	Dul	aney V	alle	У			1		m, Md	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME /	AND ADDRES		ILITY			
	> 7/									uneral Ho			
	22 DADY I Feter the	- 0//			4 4 5		1050	) York	Rd.	Towson,	Md.	21204	
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heert feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  e												
	DUE TO (OR AS A CONSEQUENCE OF)												
z I	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
Ĕ	If any, leading to imme	dieta	DUE TO	(OR AS A COP	NSEQUENCE (	OF):		0		0			
2	cause. Enter UNDERLY CAUSE (Disease or inju		C. DUE TO	Can	-	-	1 7	er 1	بسد 3	est			14 2
Ē	that initiated events resulting in death) LAS	т	DOE TO	(OR AS A CO	4SECUENCE (	m): /							
CERTIFICATION		_	d										1
- 11	PART II. Other eignific	ent condition	ns contributing to	death but n	ot resulting	In the un	derlyi	ng ceuse (	iven in F	Part I. 24a. WAS AN			WERE AUTOPSY FINDS
EDICAL	·									t _ YES 2			AMPLETION OF CAU OF DEATH?
ME	2											- 1	1 TES 2 NO
	DID TOBACC	O USE	CONTRIBUT	E TO CA	AUSE O	F DEAT	TH	YES [	NO	9			
SICIAN:	25. WAS CASE REFERRED TEXAMINER?						26. (	PLACE OF D		ck only one)			
is	1 TES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	4 Nun		me 5. A	aldenca	Other (Specify)			
黃	27. MANNER OF DEATH	2000	26a. DATE Of (Month, I		26b. TII	ME OF JURY		JURY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
- B	1 Accident	Pending Investigation				М	1 🗆	YES 2	NO				
	3 Suicide 8	Could not be	28a. PLACE ( building	OF INJURY — A atc. (Specify)	t home, ferm,	street, fect	ary, off	Ice		26f. LOCATION (Street: City or Town, State)	and Numbe	r or Rural Ro	ute Number,
	4 Homicide	determined											
4	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knowledge	, death occur	red at the t	lme, de	ta end place	and due t	o the cause(s) end mai	mer aa sta	rted.	
COMPLETED	one) 2 MED	ICAL EXAMIN	ER: On the basis of a	xamination and	1/or investigati	on, in my o	pinion,	death occur	ed et the t	ime, date and place, an	d due to th	he cause(a)	and menner as state
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LICE	NSE NUM	BER	29d. DAT	TE SIGNED (	Morgth, Day, Year)
m	a	0	- Wa	~				D	100	591	•	8/4	194
임	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETEO CAL	SE OF OEATH	(ITEM 27) (Typ	e, Print)				-2-1			
	Dr. Arthur	Serpi	ck St. J	oseph	Hospit	al T	ows	on, M	d.				
	31. DATE FILED (Month, Day,	Year)	A SEGULD	Ar & Elichter	F	_							
	AUG 0 5 19	134 0											

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use as the burial-transit permit. Pages 1, 2, 3 should retained by the hospital or attending physician. 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020 once. Ħ notified page 5 s after death. Page 6 may be 99 must funeral director, examiner filled in by the fion, or removal. medical 8 cremation. the event. BOX 68760 in and com to burial, COM executed traumatic ung physician a the death certificate be other P.O. attending p 6 the atter Injury, OF VITAL RECORDS. by and any been signed to pt. of Health a requires shows a has b IG PHYSICIAN: The law 23 tem certificate h 10 this c marked, NO ter .09 TO THE HOSPIT TO THE FUNER be filed within 72 IMPORTANT: II

HOWARD M.

HAFT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 DECEDENT'S NAME (First Middle Leat) 2. DATE OF DEATH 3. TIME OF OEATH AUGUST 4,1994 KATHERINE SPITLER 4:00AM 7. DATE OF BIRTH (Month, Day, Your 4. SOCIAL SECURITY NUMBER 5 SEY 6. BIRTHPLACE (State or Foreign 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 X F 90 7-20-04 MD 213-38-0812 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLES RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BLADENSBURG PRINCE GEORGE'S MD 1 TES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 20710 10g, CITIZEN OF WHAT COUNTRY? 5999 EMERSON STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerio Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TES 2 NO Specify: Specify: BY 3 🕅 Widowed 4 🗌 Divorced WHITE 5 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) OWN HOME HOMEMAKER 6 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES T. BROWN BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Sta 2 RT. 1 BOX 33 PORT TOBACCO, MD. 20677 DORIS FARR 20e. METHOD OF DISPOSITION
1 □ Burlel 2 X Cremetion 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE CATONSVILLE, MD. METRO CREMATORY 8/5/94 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY & RUSSELL WITZKE FUNERAL HOME 10. 5555 TWIN KNOLLS RD. COLUMBIA MD. 21045 **C** 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in deeth) tenosolute Cardwasiniu disease eass DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in daeth) LAST PART il. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES NO OF DEATH? 1 TYES 2 T NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \precedent \) NO \( \precedent PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA 6 Other (Specify) 27. MANNER OF OEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident м 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the tion and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Christo (0 8 HION 1-27 D-27348 T MD. P.O.BOX 1647 WALDORF, MD. 20604 6 30. NAME AND ADDRESS OF PERSON

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certificate has been signed by the attending physician and completely filled in by the funeral director, p	
funeral	
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mplete	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Vernon Francis Siewierski 2. DATE OF DEATH 3. TIME OF DEATH YEAR Siewierski vernon 94 Y:30 A M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 212 34 3018 57 1 X M 2 | F 08 23 36 Md permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Church Hospital Baltimore DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore NES 2 NO 100. STREET AND NUMBER 3520 Bank FUNERAL 100, CITIZEN OF WHAT COUNTRY? Street 12. WAS DECEDENT EYER IN U.S. ARMED FDRCES? 1 YES 2 NO IF YES, GIVE WITH OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 1959-1961 White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) Laborer 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Evelyn Christina Hilker Francis Joseph Siewierski BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Candie L. Lackey 3106 Deep Water Way Edgewood, Md. 21040 must be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Green Mount Crematory 8-5-94 Balto., md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. 901 S. Conkling St. Balto., Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DUE TO (OR AS A CONSEDUENCE OF): Se event, resulting in death) biliter 0 traumatic CERTIFICATION neumon Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEDUENCE OF): Storle CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL: OTHER tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this 1 Natural 1 YES 2 ND BY After 2 Accident 3 Sulcide 28s. PLACE OF INJURY -- At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 8 Could not be determined COMPLETED DIRECTOR: hours after of 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINES: On the heat of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. HOSPITAL ( FUNERAL ( Within 72 h Ξ 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: IS 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Sum Abboud M. P.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8/4/94 143235

Abbout n. D. Chrich

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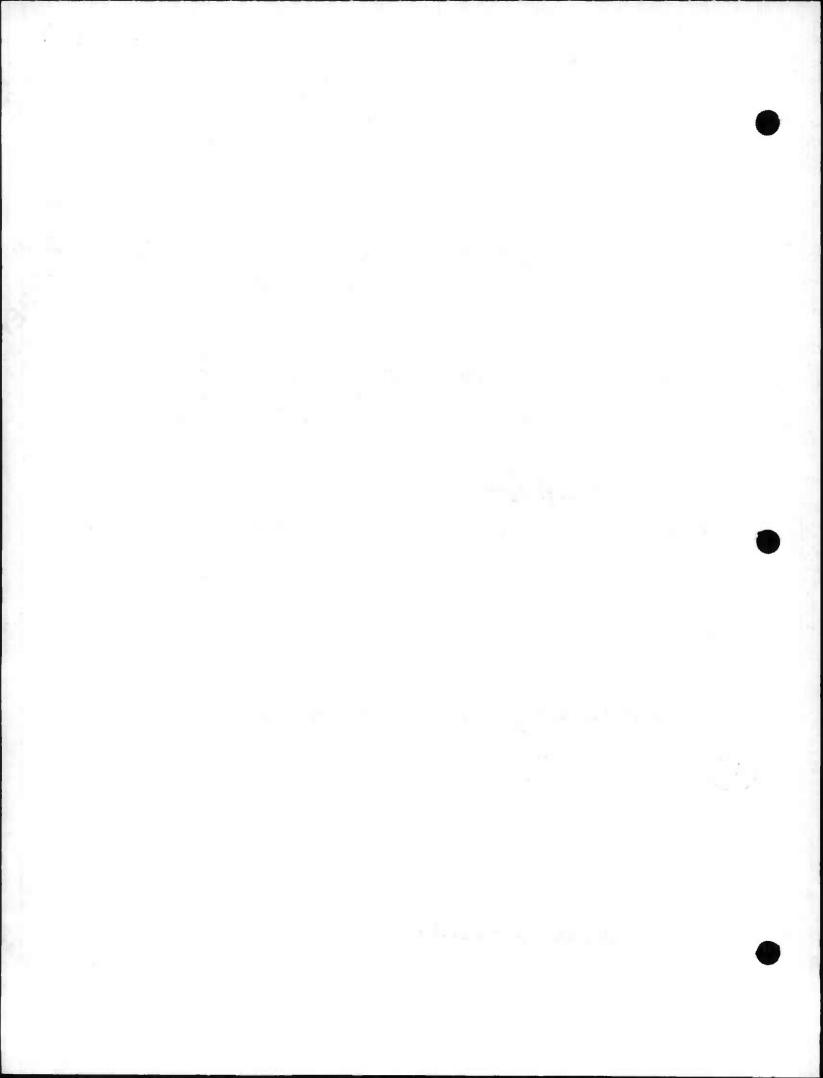
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	xecuted
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_	JOSPITAL OR ATTENDING PLACICIAN: The law requires that the death certificate be executed with
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FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Sprague GUY 1108A Guy R. Sprague 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreig 1X M 2 🗌 F DAYS HOURS YRS. 179-54-7372 July 29,1960 Germany page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR University of MD Med. Ctr. Baltimore Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD Frederick Frederick 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5560 Wade Court Apt. K 21701 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES THOO IF YES, GIVE WAR OR OATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 N Merried 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Manager Communications 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Mary Wilson Roger L. Sprague notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 155 Appleway Rd. Gettysburg, Pa. 17325 2 Roger L. Spragur 20e. METHOD OF DISPOSITION
NY] Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specific) pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, cemetery, cremetory or other place)
Fairview Cemetery 8/4/94 Arendtsville, Pa examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY illiam Peters FH Gettysburg, Pa. Settlere completely filled in by the i medicai 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on each ilne. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition\_ Merry, he Acade 565 12 h resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): inding physician and cor Hygiene prior to burial, Sensis CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 0 PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMEO? ICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? amy 1 TYES 2 NO Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident m 3 Suicide 26s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 90 L DIRECTOR: / ED 4 Nomicide 28 determined COMPLET item 29e. CERTIFIER (Check only one)

2 MEDICAL FXAMINER: In the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 has IMPORTANT; If It 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Paul Soly A -31-94 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Butner MD 21207 S. Greene S+ 31. DATE FILE AND UG U 5 1994 192 REGISTERATE SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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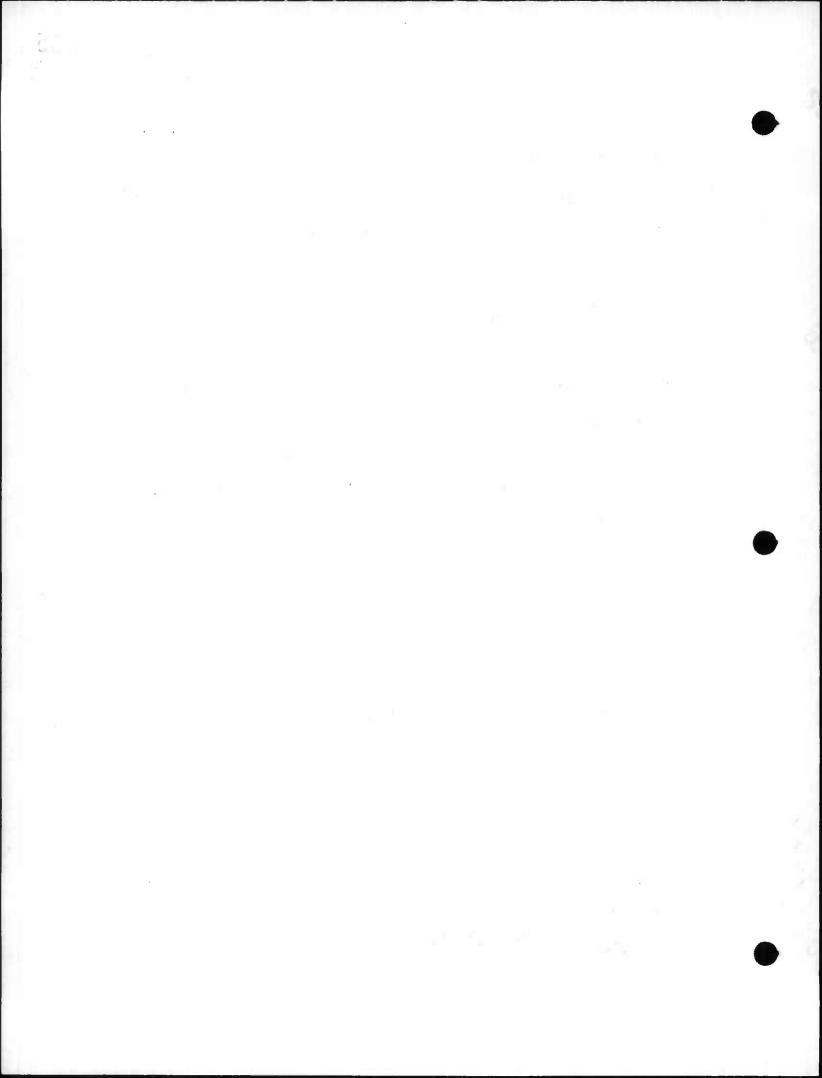
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with characteristic death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY ELINEBAL TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	OF I	HEALTH AN	D MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / DEPA CERTIF	RTMENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEA						
	Anthony Vincenzes 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In vis. last birthday	,	Aug. 3, 1994					
	4. SOCIAL SECURITY NUMBER  224-12-3648  5. SEX  6. AGE (In yrs. last birthday, 1/2 or 7/8 YRS.	IF UNDER 24 HRS, HOURS MIN,	RS. 7. DATE OF BIRTH (Month, Day, Year) 7. A - 7 9 7 6 P. A . 8. BIRTHPLACE (State or Foreign Country) P.A.					
5	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  3305 Glenside Dr.  Balto.  Balto.							
3	DESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY							
- DIRECTOR	MD. Baltimore	1 ☐ YES 2 ☑ NO						
בעע	100. STREET AND NUMBER 3305 GLenside Dr.	U.S.A.						
יייייייייייייייייייייייייייייייייייייי	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES		Black, White, etc.  Specify:					
	15. DECEDENT'S EDUCATION 16.8 DECEDENT'S LISTIAL OCCUPATION 16.5 KIND OF BUSINESS (MINUSERY)							
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Building Inspector  Balto. City							
5	17. FATHER'S NAME (First, Middle, Last)							
	Dominic Vincenzes				ilva Dolizza			
2				Poute Number, City or Tow				
1	Mrs. Clara Vincenzes 330 2011. METHOD OF DISPOSITION 2016. PLACE AND DATE			Balto.	CATION — City			
	1 DGurial 2 Cremetion 3 Removal from State cemetery, cremetory or	other place)	_					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
Hantley Millen Funenal Home 7527 Hanfond Rd. Balto., Md. 2123								
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory screet, shock, or heart failure. List only one cause on each line.							
	IMMEDIATE CAUSE (Final							
i	esulting in death)  a. CAA Bladder with refactors  DUE TO GR AS A CONSCOUENCE OF:							
	equantially list conditions,							
	If sny, leading to immediata cause. Enter UNDERLYING							
	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE C	OF):						
	resulting in dasth) LAST							
,	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS							
		IMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
			1 TES 2 NO					
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO							
	S. WAS CASE REFERRED TO MEDICAL   28. PLACE OF DEATM Check only one)							
	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TI	URY AT	Residence 8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED					
	1 V Netural 5 Pending (Month, Day, Year) IN 2 Accident Investigation		PRK7 YES 2 NO					
	3 Suicide S Could not be determined 28a. PLACE OF INJURY — At home, farm, building, stc. (Specify)	, street, tectory, offic		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	a. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.							
	one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigate		use(a) and menner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER	MBER	R 29d. DATE SIGNED (A					
30. NA E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)						814194		
	MONTON C. ORMAN							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAD'S SIGNAPURE							
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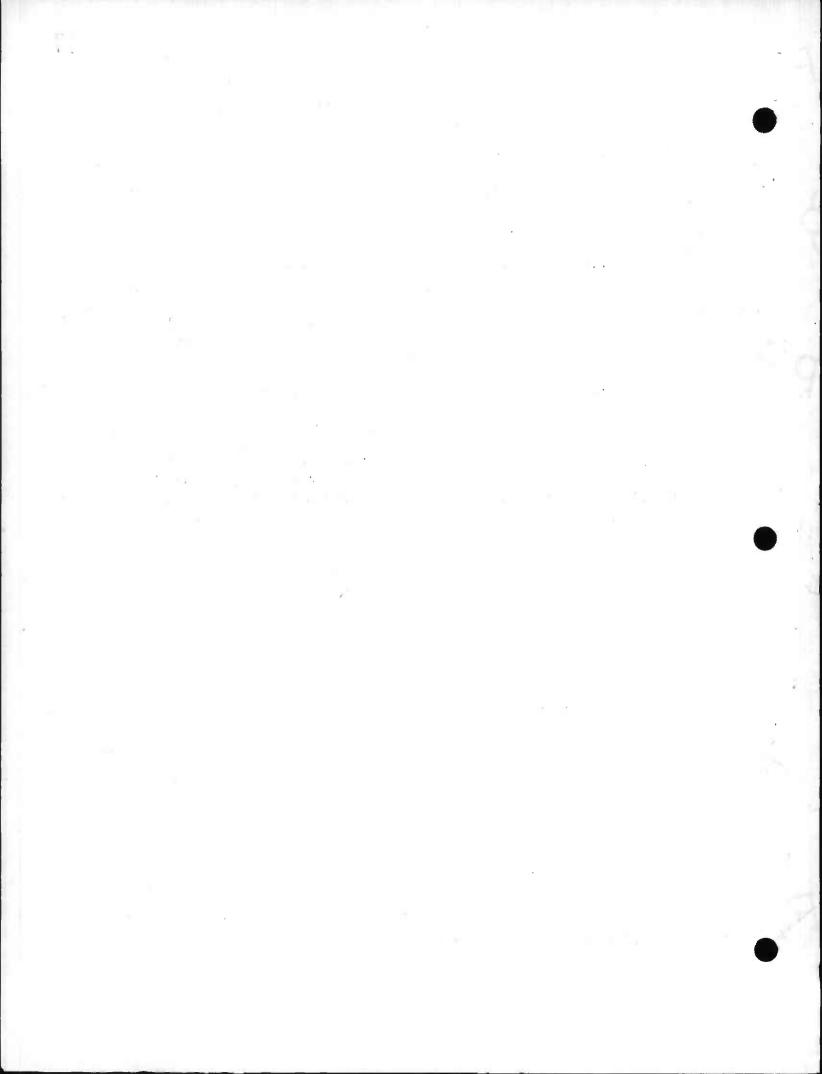
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	1	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last)	(DEIDNE	0		2	DATE OF DEATH MONTH DAY	YEAR 3. TIN	D SO P	
2		4. SOCIAL SECURITY NUMBER 2/5-09-3923	5. SEX 6. AGE (II	yrs. last birthday) F	UNDER 1 YEAR ITHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year), 7/15/02	8. BIRTHPLACE Country) Maryla	(State or Foreign	
2, 3 should		98. FACILITY NAME (If not institution, give  MANOR ARE RESIDENCE OF DECEDENT		96	10W5	R LOCATION OF DEATI		BALTI	nore	
ift. Pages 1, 2, 3.	. 11-	Maryland Balt	v cimore	10c. CITY, TO	On	ION		1 🗆	NSIDE CITY JMITS? YES 2 1 NO	
020 physician. burial-transit permit. Pages	NEU N	8 Sonachan Ct.				21286	U	S.A.		
0 2 2 6	5	11. MARITAL STATUS  1 Never Married 2 Married  3 🔀 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPANIC scify Cuban, Maxican, F 2 X NO Specify:	ORIGIN? (Specify Yea or No Puerto Rican, etc.)	o- 14. RACE - Arr Black, White Specify: White	erican Indian, s, etc.	
21215 al or attend for use as		15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo-		16b, KIND OF BUSINES	S/INDUSTRY		
The hospital or a detached for us once.		6 yrs	Trainer				Baltimore	Baltimore Orioles		
MARYLAND retained by the hospit 5 should be detached notified at once.		Edward Paul We:	idner			Marion	Greene			
MAR retained 5 should notified		19a. INFORMANT'S NAME (Type/Print) Evelyn Weidner					te Number, City or Town, Stell Md. 21286	te, Zip Code)		
BALTIMORE, I ter death. Page 6 may be the funeral director, page 1/24.		20a. METHOD OF DISPOSITION  1 M Burial 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	noval from State of c	PLACE AND DATE OF cometary, crematory or coreland Men	DISPOSITION	(Name	DATE 20c. LOCATIO	on — City or Town, St	eta	
ALTIMOF death. Page 6 m funeral director, i.	- 11-	21. SIGNATURE OF FUNERAL SERVICE L		erana Men	22. NAME AN	ND ADDRESS OF FACIL				
		1/6	L				Towson, Md.		1.72	
2. Jrs. yrs. yrs. filled in the filled in the median.		23. PART I. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Russian a.		anter the mo	the st	aa cardiac or reapirator		Approximate Interval Between Onset and Death	
P.O. BOX 687( th certificate be executed ending physician and con il Hygiene prior to burlat, or other traumatic et	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Am	CONSEQUENCE OF):	ynul as/	SUI,	Horlic S	tonous		
RECORDS equires that the cen signed by the of Health and Me hows any injury	MEDICAL	PART II. Other algorificant condition	S COLORS	ut not resulting in t	he underlyin	g cause given in Pa	24a. WAS AN AUTO PERFORMED  1 YES 2 A	OF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
TAL The lar the has atte Deg	HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		THER:	LACE OF DEATH (Check				
の発売者	THE STATE OF THE S	27. MANNER OF DEATH  1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, IN.		ed. DESCRIBE HOW INJUR	Y OCCURED		
ISION TTENDING TOR: After after death		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY	At home, farm, stre			281. LOCATION (Street and N City or Town, State)	lumber or Rural Route I	lumber,	
	COMPLE	cool	SICIAN: To the best of my know						menner as stated.	
<b> </b>	监	29b. SIGNATURE AND TITLE OF CERTIFIC	G. Dall	U MD		20c. LICENSE NUMB	36 P	d. DATE SIGNED (Mont	n, Day, Year)	
	2	30. NAME AND ADDRE S P SON W	M.A OSKO	x Medica	1 Con	ter suite	203 100	uson t	1)	
		AUG 0 5 1994	A STEER STATE SHOW	NI NE						



BALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within. Jours after death, Page 6 may be retained by the hospital or attending physician.	e-crificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
VITAL RECORDS, P.O. BOX 68760,	IAN: The law requires that the death certificate be executed within	certificate has been signed by the attending physician and completely filled in by the 1 the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISIONO	TO THE HOSPITAL OR ATTENDING PLAYS I	TO THE FUNERAL DIRECTOR After this center filed within 72 hours after death with this

1 - FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN												
1. DECEDENT'S NAME (First, Middle, Last Abbie		LSON		2. DATE OF DEATH DA	Y YEAR											
4. SOCIAL SECURITY NUMBER			R 1 YEAR IF UNDER 24 HRS.	August 3,	1994	1										
198-12-4527	1 M 2 XF	98 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 4/8/189	6 Cha	THPLACE (State or Foreign intry)										
9a. FACILITY NAME (If not institution, give			Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF											
Franklin Squa	re Hospita	1			Baltimore											
10s. STATE 10s. COUN	ITY	toc. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?										
	altimore					1 YES 2 NO										
toe. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?										
TO STREET AND NUMBER  7017 Minnow  11. MARITAL STATUS  1. Navar Marriad 2. Marriad			21220		USA											
T THE THE THE THE THE	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	an, Puerto Rican, etc.)	or No— 14. RA Bit	CE — American Indian, ack, White, etc.										
3 🛣 Widowed 4 🗋 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES 2 NO Speci	fy:	Sp	Black										
15. DECEDENT'S ED	DUCATION de completed)	16a. DECEDENT'S USUAL (	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY											
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)	during most of working	Restau	ırant											
15. DECEDENT'S ED (Specify only highest grant property)  Elementary/Secondary (0-12)  12th  17. FATHER'S NAME (First, Middle, Last)		waitress			Industi	ry										
77. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden	Sumeme)											
John Griffin				e Scott												
2 I 198. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)											
Maxine Lee			nnow Branc			21220										
1 Burial 2 Cremation 3 Re	moval from State CON	<ul> <li>PLACE AND DATE OF DISPO netery, crematory or other piece</li> </ul>	8	/8/94	CATION — City or											
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	lling Gree	NAME AND ADDRESS OF FA	Cem Wes	stchest	er, Pa.										
SONY I.D	LEROY O. DYETT & SON FUNERAL HOME, I															
-X/104 ().	23. PART   Enter the diseases, or completions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest															
23. PART J. Enter the diseases, of shock of heert fallure iMMEDIATE CAUSE (Finel disease or condition	e. Last only one ceuse on e	ech ilne.	r the mode of dying, suc	21207	retory arrest,	Approximete Interval Between Onset and Death										
reaulting in death)	0	ular attack														
	- Pneumonia	A CONSEQUENCE OF):														
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		CONSEQUENCE OF):														
if any, leading to immediate cause. Enter UNDERLYING	. Possible is	chemic howe	1			į										
CAUSE (Disesse or injury that initiated events		CONSEQUENCE OF):	-													
resulting in deeth) LAST	d															
PART ii. Other significent condition	ons contributing to death b	out not resulting in the u	nderlylng cause given in	Part I. 24a. WAS AN	AUTOPSV 2	4b. WERE AUTOPSY FINDINGS										
er II			nation ying the act of the last	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE										
				1 □ YES 2	∑ NO	OF DEATH?										
DID #001 000 110-	CONTRIBUTE TO	CAUSE OF DEA	TH YES I NO			1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF DEATH (C	neck only one)												
EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH	HOSPITAL: 1 1 inpatient 2 □ ER/Outs	oatlent 3 DOA 4 Nu														
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME DF INJURY	28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED											
0 1	(Month, Day, 16ar)	M	WORK? 1 YES 2 NO													
	2 Accident Investigation " 1 YES 2 NO															
2 Accident Investigation	26a. PLACE OF INJURY															
2 Accident Investigation 3 Suicide 6 Could not b detarmined	26a. PLACE OF INJURY	/ — At home, ferm, atreet, factify)	Hory, offica	City or Town, State)												
2 Accident Investigation 3 Suicide 6 Could not b detarmined	26a. PLACE OF INJURY	cify)		City or Town, State)	nner ea atated.											
2 Accident Investigation 3 Suicide 6 Could not b detarmined	26a. PLACE OF INJURY building, atc. (Spec	olly)	time, data and placa, and du-	City or Town, State)  to the cause(a) and mar		e(a) and manner es stated.										
2	28s. PLACE OF INJURY building, atc. (Special S	olly)	time, data and placa, and du-	City or Town, State)  s to the cause(a) and mare time, data end place, an	d due to the caus	e(a) and manner es stated. ED (Month, Day, Year)										
2   Accident   Investigation   3   Suicide   6   Could not be determined   4   Homicide   CERTIFYING PHY One)   2   MEDICAL EXAMINED   29b. SIGNATURE AND TITLE OF CERTIFIED	26s. PLACE OF INJURY building, atc. (Special Control of the beat of my known NER: On the beats of examination	olly)	time, data and place, and du- opinion, death occured at the 29c. LICENSE NU	City or Town, State)  s to the cause(a) and mare time, data end place, an	d due to the cause 29d. DATE SIGN	ED (Month, Day, Year)										
2	26s. PLACE OF INJURY building, stc. (Special Street of the best of my know NER: On the basis of examination IER	riedga, death occurred at the n and/or investigation, in my	time, data and place, and du- opinion, death occured at the	City or Town, State)  s to the cause(a) and mare time, data end place, an	d due to the cause 29d. DATE SIGN											
2   Accident   Investigation   3   Suicide   6   Could not be determined   4   Homicide   6   Certifying phy one)   2   MEDICAL EXAMID  29b. SIGNATURE AND TITLE OF CERTIFUM  30. NAME AND ADDRESS OF PERSON W  Dr. Bashar Karak	25s. PLACE OF INJURY building, atc. (Special National Control of the beat of my known NER: On the beats of examination IER  WAR A COMPLETED CAUSE OF DE CASH 9000 France	riledga, death occurred at the on and/or investigation, in my    ATH (ITEM 27) (Type, Print)  aklin Square	time, data and place, and duropinion, death occured at the 29c. LICENSE NU N/A	City or Town, State) to the cause(a) and man titme, data end piece, an	29d. DATE SIGN	ED (Month, Day, Year)										
2   Accident   Investigation   3   Suicide   6   Could not be   4   Homicide   6   Certifying Phy   (Check only one)   2   MEDICAL EXAMID  29b. SIGNATURE AND TITLE OF CERTIFIED   30. NAME AND ADDRESS OF PERSON W.  Dr. Bashar Karak	25a, PLACE OF INJURY building, atc. (Special Section of the beat of my known NER: On the beats of examination of the beats of examination of the beats of examination of the beats of examination of the beats of the	riledga, death occurred at the on and/or investigation, in my    ATH (ITEM 27) (Type, Print)  aklin Square	time, data and place, and duropinion, death occured at the 29c. LICENSE NU N/A	City or Town, State) to the cause(a) and man titme, data end piece, an	29d. DATE SIGN	ED (Month, Day, Year)										



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR HELEN WEIDNER 80 02 94 8:45 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURE 215-03-3926 1 M 2 K F 95 08-21-1898 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 3677 MAR-LU-RIDGE ROAD **JEFFERSON** FREDERICK RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND FREDERICK **JEFFERSON** 1 🗌 YES 2 📮 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 21755 3677 MAR-LU-RIDGE ROAD 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuben, Mexicen, Puerlo Ricen, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TYES 2 TONO Specify: ВҰ Specify: Widowed 4 Divorced WHITE ETED 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 INSURANCE COMPANY SECRETARY 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Ħ ANNIE BE MATLLIAM A. WEIDNER E. BOULDIN notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 RUTH BROHAWN (NIECE) 3677 MAR-LU-RIDGE ROAD FREDERICK MARYLAND 21755 Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must PARKWOOD CEMETERY 08-06-94 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOMES P.A. usselle 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND medical 23. PART I. Enter the diseases, or complications that caused the death. Do not tha mode of dying, auch as cerdiac or reepiratory arrest, Approximate shock, or haart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition\_ reauiting in deeth) event, DUE TO (OF 5 traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any t TYES 2 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF BEATN (Check only one) item HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATN 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked,

4 Homicide 29e. CERTIFIER t 🖟 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, end due to the ceuse(e) and menner ee stated, TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE S/GNED 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 22. REGISTRAR OSIGNATURE

1 YES

2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

INJURY

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

U.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Item 1, g-714,8-16-94,per F.H., dr Item1, Film714, 8/5/94.1t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Marjorie Fromme Williams 2. DATE OF DEATH 3. TIME OF DEATH MAJORIE FROMM YEAR WILLIAMS :16 AUG 94 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 219-32-6076 1 M 2 F DAYS HOURS YRS. 58 MAY 7, 1936 PENNSYLVANIA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5503 HILLEN ROAD BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE tX YES 2 ☐ NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 5503 HILLEN ROAD 21239 TISA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5 +) 12 MEDICAL SECRETARY MEDICAL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ JOSEPH FROMME H FLORA MUGFORD E. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3103 L CARDINAL WAY ABINGDON, MD. 21009 2 PATRICIA L. SMITH Раде 6 тау be e 20a. METHOD OF DISPOSITION
t □ Burial 2 💢 Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE must funeral director, ition 5 Other (Specify) HILLTOP SERVICE CORP. 8/5/94 TOWSON, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY death. Cak JØHN E. DOLAN RUCK TOWSON FUNERAL HOME INC. lor the 1050 YORK ROAD TOWSON, MD. 21204 hours after medical 23. BART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, n and completely filled in by to burial, cremation, or remo Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate the death certificate be e attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 the atten Mental Injury. PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and an PERFORMED? AVAILABLE PRIOR TO that any COMPLETION OF CAUSE OF DEATH? signed t 1 YES 2 | NO shows 1 YES 2 INO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: The law has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home X X Residence 6 | Other (Specify) DR ATTENDING PHYSICIAN: 1 Inpetient 2 ER/Outpetient 3 DOA 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Wher this ce leath with ti marked, 26b. TIME OF 1 X X Natural 5 Pending м 1 YES 2 NO BY After 2 Accident Investigation DIRECTOR: Af hours after de Item 28 is r 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL DR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: It Item 2 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or immediation, in my control of the time, data and place, and due to the cause(a) and manner as stated. 2XMEDICAL EXAMINER: On the basis of examina tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E ▶ AUG.02,1994 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVID FULLER 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1994 Alig 5

BALTIMORE, MARYLAND 21215-0020

filter death. Page 6 may be retained by the hospital or attending physician.

The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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TO THE HIGHTML OF ITT MOING PHYSICIAN: The law requires that the death certificate be executed with. Ours after death. Page 6 may be retained by the hospital or	TO THE FUN GAL DIRECTAR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		
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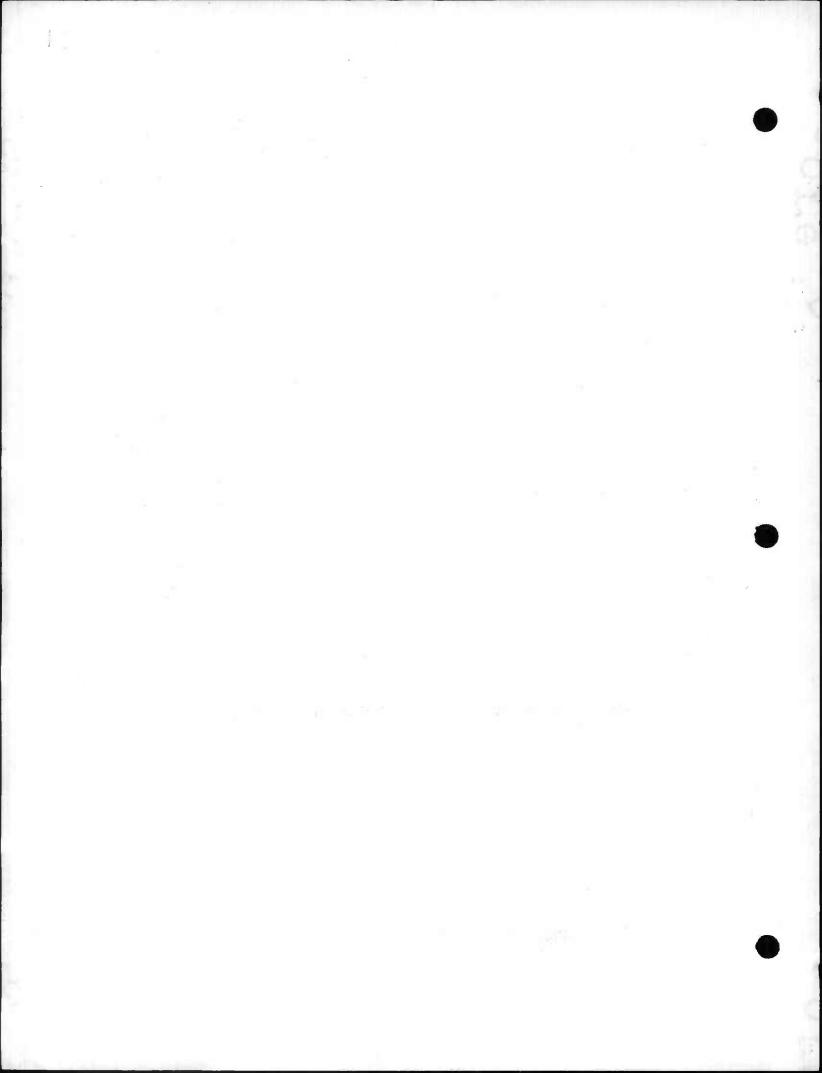
32. HEGISTRADS SIGNATURE

				-111111	CATE OF	DEATH	HE	G. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	Chanl.		٧			2. DATE OF DE	DAY	1.0	YEAR	3. TIME OF DEATN
ì		Charle	8. AGE (In yrs. le	. YOU	IN G	IF UNDER 24 HRS	7. DATE OF BIE	3	19		
	244 45 4545	Ŋ M 2 ☐ F	or More (III yrs. II		MONTHS DAYS	HOURS MIN.	(Month, Day, 7 – 19	Year)	٦	Count	
	8a. FACILITY NAME (If not institution, give street	^	-		9b. CITY, TOWN	OR LOCATION OF				TY OF D	Md
TOR	311 Columbia R	oad 311	Columbu								
DIRECTOR	100. STATE 100. COUNTY			10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					I. ZIP CODE		100	. CITIZ	EN OF V	VHAT COUNTRY?
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BY	1 Never Married 2 V Married	WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. A YES 2 X THE OR DATES	RMED NO	If yes, sp	CENDENT OF NISE ecity Cuban, Max 2XXXNO Spe	PANIC ORIGIN? (Spe ican, Puerto Rican, e city:	cify Yes or N etc.)	lo—	14. RACI Black Spec	E American Indian, k, White, alc. My: Black
ED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp				ISUAL OCCUPATION done during me		16b. KIND	OF BUSINES	SS/IND	USTRY	
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ပ္ပ	17. FATNER'S NAME (First, Middle, Last)						NAME (First, Middle,	Maiden Sumi	nme)		
BE	Howard Young  190. INFORMANT'S NAME (Type/Print)					Unkno			_		
2		~	19	9b. MAILING /			al Route Number, City				
	Elizabeth: Youn	q	205 81 4 05	311	Colur FDISPOSITION/N	T-11-14	oad 311		_	_	
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata	cerpetery, cr	rematory or oth	Memor		K8894	A h			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	ĘĘ.	AID	ulus		ND ADDRESS OF		Arbi	ull	ıs,	Md
Ų	Ofola IN	are	h	1	Mag	ch F/H	H West abash A	venu	e		
	23. PART i. Enter the diseases, or company shock, or heart fellure. List	only one cau	caused the d	eath. Do no	ot enter the mo	de of dying, s	uch as cardlec o	r reapirato	ry arre	est,	Approximate
	shock, or heert fellure. List only one ceuse on each line.										
- 1	disease or condition resulting in death) a	(0	ndia	c l	hujl	muc					
		DUE TO	(OR AS A CONSE	EQUENCE OF)		1					
5	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Could a Consequence of:  Due to (or as a consequence of:  Due to (or as a consequence of:  Due to (or as a consequence of:										
4	if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	EOUENCE OF)							i
Ē	resulting in death) LAST										!
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MEDICAL	PART II. Other significent conditions co	ntributing to	death but not	resulting in	the underlyin	g ceuse given		PERFORMED		24b	. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
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ž	DID TOBACCO USE CO	NITOIDI IT	E TO CA	UCE OF	DEATH	VEC	10. 5				1 TYES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL	וטפואואכ	E IO CA	USE OF			40 🗆			$\perp$	
PHYSICIAN:	EXAMINER? HO	SPITAL:			OTHER:	ACE OF DEATH (	Check only one)				
	27. MANNER OF DEATN	28a. DATE OF	ER/Outpatient	28b. TIME	OF 28c IN.	URY AT	a 8 Other (Spec	**	N 000	UBED	
	Natural 5 Pending	(Month, D		1/1/24	RY WO	PRK?	1)4	-)"	11 000	ONED	
D BY	Accident Investigation  3 Suicide 8 Could not be	28a. PLACE O	F INJURY — AI h	ome, farm, st		-	28f. LOCATION	(Stopet and N	umber	or Rural F	Route Number.
	4 Homicide determined	building,	etc. (Specify)		N	4	City or Town	State)			a second at the
7.6	29a. CERTIFIER (Check only	: To the best of	my knowledge d	eath occurred	at the time date	and place, and d	ue to the councie)	and menner	no otat-	-d	-
COMPLETE	one) MEDICAL EXAMINER: Or										and manner es ataled
S I	296. SIGNATURE AND TITUS OF CENTIFIER	1) .				29c. LICENSE N					(Month, Day, Year)
		1. 1	/			APO. LICENSE N	OMBER	290	. DATE	HUNGED	mwomm, Day, Year)

			STATE OF MARYL					MENTAL HYG	IENE	7		
		REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)  20HN W AUST)	N, Sr.	CERTIF	ICATE	OF	DEATH	2. DATE OF DEAMONTH		YEAR 94	3. TIME OF DEATH 5:21 a	M
Pla			I № M 2 🗆 F	(In yrs. last birthday)		DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTT (Month, Day, Ye 01/16/	14	8. BIRTI Count Mar	yland	
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permit. Pages	DIRECTOR	MD Balti	imore		y, town on rbutus		ON				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
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Z 13-UUZU attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 (ZNO	It y	yes, spe	ENDENT OF HISP. cify Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Speci can, Puerto Rican, at illy:	ly Yes or No— :.)	14. RAC Blac Spec	E — American Indian, k, White, atc. sily: white	
Se affe	LETED		FION mpleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of title. Do NOT us	work done dui se retired.)	ring mos	N t of working		e Business/ii ufactu		VV 100	
by the hospital or be detached for u		6 17. FATHER'S NAME (First, Middle, Last) John W. Austin		Traffic	Manag	ger		AME (First, Middle, M Webster				
retained 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) Laura M. Goodman					d Number or Rura	f Route Number, City of		Zip Code)	27	
Page 6 may be if director, page		20e. METHOD OF DISPOSITION 1 (X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al trom State com	place and date of the control of the	ther place)	mete	ery	8/10 E		ore,	Maryland	
death.	19	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	S.	132	28 S	Sulphur	Ambro Spring F	se Fur d., Ar	neral butu	Home, Inc s, MD 2122	7
with hours at pletely filled in by cremation or rem		23 PART I. Enter the diseases, or conshock, or heart fellure. List immediate CAUSE (Final disease or condition resulting in death)	mplications that caused it only one cause on e	ech Ilne.		na mod	le of dylng, su	ch ss cardiec or	respiratory a	irreat,	Approximate Interval Betwee Onset and Dear & Weeks	
icate be executed physician and con the prior to burial, or traumatic or	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	carcinome	CONSEQUENCE OF	billa	ng	treet				3 days	-3
atten mtal h	2	PART II, Other algnificant conditions of	contributing to death b	ut not resulting	in the unde	ariying	cause given i		S AN AUTOPS	Y 24b	. WERE AUTOPSY FINDING	5
e law requires that the chas been signed by the Dept, of Health and Me	MEDICAL	sepsis, CHF	olloholis	ln					RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
N: The law n State has bee State Dept.	SICIAN:	DID TOBACCO USE Co	IØSPITAL:		OTHER:	26. PLA	ACE OF DEATH (C					
PHYSICIAL this certific with the riked, or	ву РНҮ	27. MANNER OF DEATH  1  Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 20	Bc. INJU WOR	RY AT	6 Other (Specify 28d. DESCRIBE N		CCURED		-
DR ATTENDING I DIRECTOR: After nours after death tem 28 is mai	E	3 Suicide 6 Could not ba 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	street, factory	y, office		26f, LOCATION (S City or Town,		er or Rural i	Route Number,	
4 4 7 F	COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowl On the basis of exemination								e) end menner se stated.	
TO THE HOSPIT TO THE FUNERA  TO THE FUNERA  Be filed within 7	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER  29d. DATE SIGNED (Mopth, Day, Year)  08/07/94						7/34	
		30. NAME AND ADDRESS OF PERSON WHO C	ENT ST. A	OCKTO (TS MATI) NTA	OSP S	3∞	CATON	AVE, BAL	TINORE	,nD, :	21223	

31. DATE FILED (Month, Day, Year)
AUG 0 8 1994

37 REGISTRAN'S SIGNATURE



ISICIAN: The law requires that the death certificate be executed with lours after death. Page 6 may be retained by the hospital or attending physician.

Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should have State Dept. of Health and Mental Hygiene prior to bunal. cremation, or removal.

If por Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR, were received with TO THE FUNERAL DIRECTOR, were confident be filed within 72 hours and death with the State Dept. of Health and Mental Hygiene prior to burial, crem IMPORTANT: If Item 28 is 173 and principles and injury, or other traumatic event

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į	1. DECEDENT'S NAME (First, Middle, Lest) FREDERICK A N	DREW	_	BEA	UCHAN	/P		2. DATE OF D	EATH g 5 <sup>M</sup>	1994	YEAR	3. TIME OF DEATH 12:45 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 Y	-	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,	HTH		s. BIRTHI	PLACE (State or Foreign
	213-16-3127  9a. FACILITY NAME (If not institution, give st	1 × M 2 - F	77	YRS.		AYS	HOURS MIN.	June				Maryland
œ	Saint Joseph Hospi						R LOCATION OF DE				Baltim	
<u> </u>	RESIDENCE OF DECEDENT	LEU			Towson, Maryland Baltimon							,
ည္က	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATI	ON				T	10d. INSIDE CITY
ā	Maryland			Ba	alto.	C	ity					LIMITS?
₹I	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL DIRECTOR	4132 Marx Av						2120	6				S.A.
준	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1	TEVER IN U.S. AF	NO			NDENT OF HISPAN city Cuban, Maxican			or No-	14. RACE Black,	— American Indian, White, etc.
B	3 💢 Wildowed 4 🗌 Divorced	IF YES, GIVE V	VAR OR DATES		1 🗆	YES :	2 X NO Specify				Specif	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S live kind of v	USUAL OCCU vork done duris se retired.)	PATION	N t of working	16b. KIND	OF BUS	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		· ·					_	•	
Š	17. FATHER'S NAME (First, Middle, Last)			rone	<u>Kee</u>	per	18. MOTHER'S NAI		&		Co.	
		Beauch	amn					rie		bert	L	
BE	19a. INFORMANT'S NAME (Type/Print)	Deader		b, MAILING	ADDRESS (S	treet an	I'I Q d Number or Rural R					
임	Mary B. Moulte	r					La. Be			Md.		17
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramo	oval from State	20b. PLACE	ANDDATEC	OF DISPOSITIO	)N (Nan	na of	DATE			City or Tov	vn, Stata
	4 Donation 5 Dother (Specify)	Par	KWOC			tery 8/		B	alto	). M	d.	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAI	ME AND	nard J.	Ruck		Inc			
	Inald ( See	1,		5:	305	Harfo	rd Rd	. 2	1214	1		
	23. PART i. Enter the dieeese, or c shock, or heart fallure. J	omplications the	t caused the de	eth. Do n	ot enter the	e mod	le of dying, auch	es cerdiec d	or reepi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Final			**								Onset and Desth
- 1	resulting in death)	CHRONIC										3 YRS.
_	_	RECURF	OR AS A CONSE			1 10.4	AllACI					o wwe
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate		(OR AS A CONSE			UIVI	CINA					3 WKS.
§	cause. Enter UNDERLYING CAUSE (Disesse or injury	CONGES	STIVE HEA	AT FA	NUURE							2 YRS.
	that initiated events		(OR AS A CONSE		F):							
Ä	resolding in death) LAST	DIABETE	S MELLIT	<b>J</b> \$								YRS.
- 11	PART II. Other algnificent conditions	contributing to	death but not i	reaulting i	n the unde	rlying	ceuse given in	Part i. 24s.		AUTOPSY		WERE AUTOPSY FINDINGS
EDICAL	HYPERTENSION							10	PERFOR	30/	- 1	AWAILABLE PRIOR TO COMPLETION OF CAUSE
								_   ` _	/	1		OF DEATH?
z I								_				
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSPITAL · \	/		OTHER:	26. PL/	ACE OF DEATH (Che	ck only one)				
IS	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	_	4 Nursing	_	5 🗆 Raaldenca					
	27. MANNER OF DEATH  1. Natural 5 Pending	28a. DATE OF (Month, E	ay, Year)	28b, TIMI INJ	URY	c. INJU WOR	RK?	28d. DEŞCRIB	E HOW II	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE C	F INJURY — At he	me, farm, a		office	ES 2 NO	28f. LOCATION	(Street a	and Number	or Rumi B	outs Number
	4 Homicide 6 Could not be determined	building,	atc. (Specify)		,			City or Tow	vn, State)	and manned	· Or ribrer in	oute remou,
	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	ed at the time	, date e	and place, and dua	to the cause(s)	end men	ner ee sta	ted.	
COMPLET												and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	91:120	01			Т	29c, LICENSE NUM	BER		29d. DAT	E SIGNED	(Modth, Day, Year)
0	Mohr	www	+	MD	)		0 1)54544	-14		•	8/5	194
	V ONG NGUYEN, N	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	BALT	ĮMĘ	PRE, NID. 2	1234	a R	Pd_	212	234
	AUGO 8 1994 Juli	32. REGISTRA	SIGNATURE									

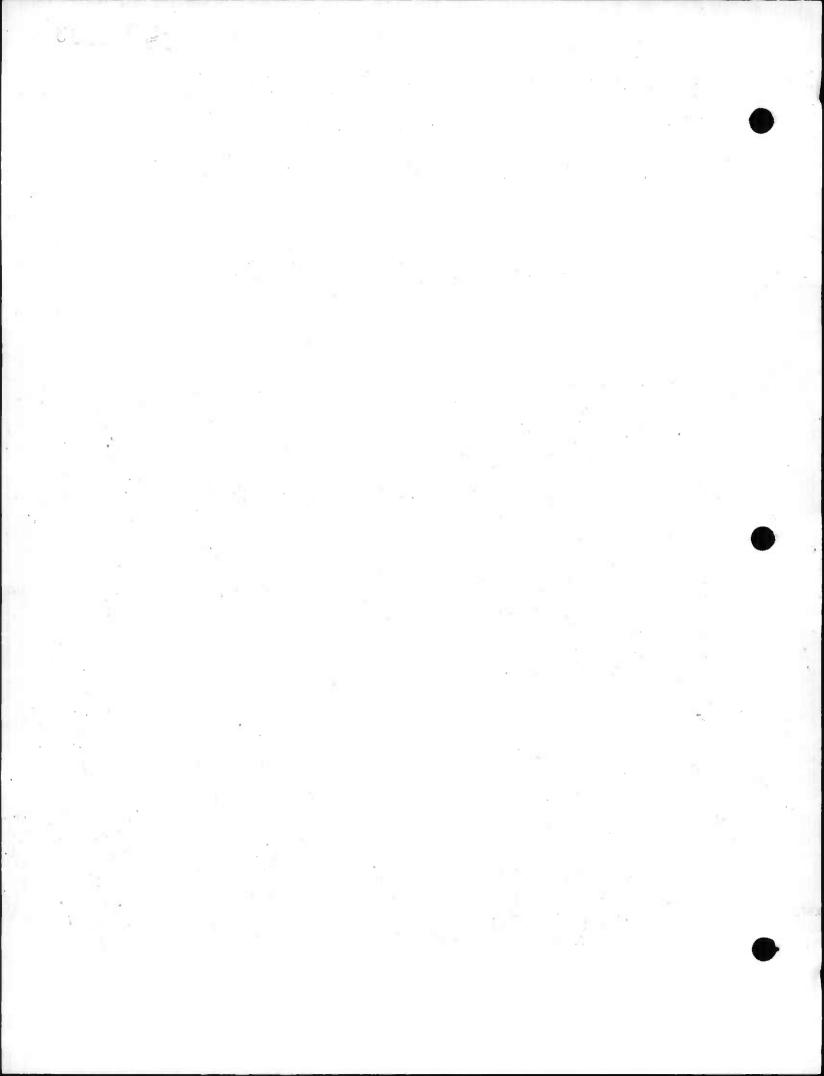
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DIVISION OF VITAL RECORDS

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pure after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the funeral discovery mans. It should be deathered for the attending physician.

		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIEN REG. NO.	E	
		1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		LENA	Louise	BAI	OGLEY		7-24-		5:20AM
		4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bil	TTHPLACE (State or Foreign untry)
2		122 03 6398		3 0 YRS.	DATE DATE	HOURS MIN.	11-18-19	112	ew York
Dinore o	oc	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DEAT	ГН	9c. COUNTY O	FDEATH
vî.	DIRECTOR	Fairfield Nu	rsing Cente	er	Crov	nsville		Anne	Arundel Co
rayes .	Ä	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
<u> </u>	1	Maryland Anne			rownsv	ville			1 YES 2 NO
2	FUNERAL	100. STREET AND NUMBER Fai	rfield Nur	sing Cer	nter 101	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
To the state of th	N N	11454 Fairfie	T					USA	
JOI 10		1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1, YES IF YES, GIVE WAR OR D		Il yes, sp	ecify Cuban, Maxican,	ORIGIN? (Specify Yea Puarto Rican, etc.)	BI	ACE — American Indian, leck, White, atc.
D D	ВУ	3 Wildowed 4 Divorced	WW	ATES	1 TYES	2 NO Specify:		St	welly: White
90 ds	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DECEDENT'S U	ISUAL OCCUPATION OF MORE	ON et of working	16b. KIND OF BUS	INESS/INDUSTRY	
5		Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	at or working			
<b>ce</b> .	₹ I	12		Homema	iker			al Gov	/'t
at once.		17. FATHER'S NAME (First, Middle, Last) Egar S. Lak	е .				len Hard		
led a	BE	19a. INFORMANT'S NAME (Type/Print)		10h MAII ING	AODBESS (Stead =		ute Number, City or Town		
notified	2		1 = 1- 3						
9	A	Ms Sandra Macz	20h	PLACE AND DATE OF	7	7	DATE 20c. LO	CATION — City or	
must.		1 Donation 5 Other (Specify)	cem	netery, crematory or oth	er placa)				
examiner		21. SIGNATURE OF RUNERAL SERVICE L	CENSEE Ronald V	Wade, Di	22. NAME AN	O ADDRESS OF FACIL	State	Anato	my Board
exan		Januar /	(1) Wells	, ,		.Baltime	ore St,B		
or removal.	1	23. PART i. Enter the diseeses, or	complications that caused	the deeth. Do no					Approximate
or i		IMMEDIATE CAUSE (Final	List only one cause on e	ech line	10/1	many	Alle (	1 / 1/2	onset and Death
t, the		disease or condition resulting in death)	. 50	vano		7 1000 20		ررن	1
Hygiene prior to burial, cremation, or other traumatic event, the			DUE TO (OF A	CONSEQUENCE OF	alla	mosi	14/10	lisea	82
to buri	O	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF	. 10		()		-
prior to	AT	If any, leading to immediate cause. Enter UNDERLYING	XC	Jel V	VD		X		
ther	E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)	: /				
Mental Hygiene	CERTIFICATION	resulting in death) LAST	d			/			
	AL C	PART il. Other significent conditio	ns contributing to death b	ut not resulting in	the underlying	ceuse given in P	art i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	CA		_			g codec given in the	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
shows any	TEDIC						1  YES 2	□ NO	OF DEATH?
S she	M						-		1 YES 2 NO
State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Check	k only one)		
the State	YSI	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	estient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 Realdence 8	☐ Other (Specify)		
	РНҮ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU		URY AT	Red. DESCRIBE HOW II	JURY OCCURED	
death with	B	2 Accident Investigation				rES 2 NO			
after de		3 Suicide 6 Could not be	26a. PLACE OF INJURY building, stc. (Spec	— At home, farm, st	reel, fectory, offic	1	Ref. LOCATION (Street a City or Town, State)	nd Number or Run	nl Route Number,
hours a	L	20. OFFICIAL							
12 m	OMPL	(Check only CERTIFYING PHY	SICIAN: To the best of my know						
ANT	87		ER: On the beels of examination	n and/or investigation	, in my opinion, a	math occured at the tir	me, data and place, an	d dua to the caus	e(a) and manner as stated.
be filed within 72 h	BE	296. SIGNATURE AND TITLE OF CERTIFIE	1020 M	D-10		29c. LICENSE NUMB	728	29d. DATE SIGN	(Morgh, Oak, Year)
ă <b>S</b>	5	30. NAME AND AGORESS OF PERSON W	O COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type, I	Print)				
		DR GAYOSO	5411 (	old Fred	lerick	Rd #8,	Baltimor	e, MD	21229
		AUG 8 1994	37 PEGISTRAR'S SIGN	Rarlell					
Į.	النسب		- 11	- 3-4					

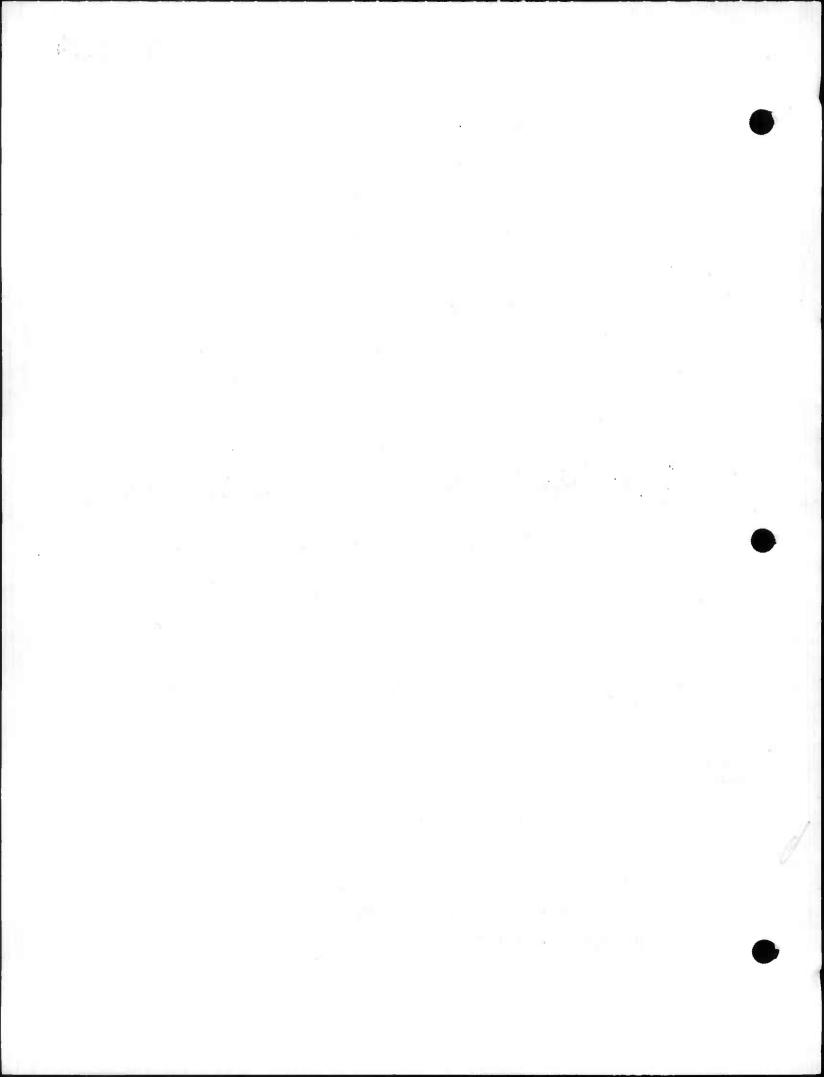


PHYSIANAL. The law requires that the death certificate be executed with the complete with complete with the function of the certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should without scale Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSIGANIE. The law requires that the death certificate be executed with TO THE FUNERAL DIRECTÜR: After als certificate has been signed by the attending physician and compete be fited within 72 hours after deatt within a capacity of Health and Mental Hygiene prior to burlal, crem: IMPORTANT: If Item 28 is maked of Item 23 shows any Injury, or other traumatic event, FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					IOAIL	- 01	047		HEG.	NO.		
į,	t. OECEDENT'S NAME (First, Middle, Last)  ROBERT GO	ordon Bo	yer						2. DATE OF DEAT MONTH AUGUST 6.	DAY	YEAR	3. TIME OF OEATH 2:00P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Is	et hirthrims	IF UNDER	+ VEAD	IF UNDER	24 1000	7. DATE OF BIRTI		La Buoru	
	214-14-8198	1 XXM 2 - F	73	YAS.	MONTHS	DAYS	HOURE	MIN.	December	15, 192		yland
	Se. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN C	OR LOCATI	ON OF DE			UNTY OF D	
OB	9 Eastford Court				Ba	ltimo	ore				Balti	more
티딩	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			T 40 - 007								
DIRECTOR		ltimore		10c, CIT	v, rown o Balt							tod. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER						. ZIP COD	E		10g. C	ITIZEN OF W	WHAT COUNTRY?
FUNERAL	9 Eastford Court						212	234			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	RMEO	13.	WAS OEC	ENDENT C	OF HISPANI	C ORIGIN? (Specif	y Yea or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	WII	,,,,			2 XXNO			-1	Speci	
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ECEDENT'S Give kind of	work done o	CCUPATIO	ON st of working	ng	16b. KIND O	BUSINESS/I	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	)	ookbir					Bo	okbind:	ing	
Ö	17. FATHER'S NAME (First, Middle, Last)								NE (First, Middle, Mi	iden Surname	)	
BE (	Murray Boyer								r Hill			
2	19a. INFORMANT'S NAME (Type/Print) Rose M. Boyer		19	9 East	ford	Court	Balt	imore	oute Number, City o , Maryland	Town, State, 1 21234	Zip Code)	
	20e, METHOD OF DISPOSITION 1 Burlal 2 N Cremation 3 Remote 4 Departion 5 Other (Specify)		20b. PLACE Cermetery, cr		enete	ry			8/8 Ba	LOCATION	e, Mary	
	21. FIGNATURE OF FUNERAL SERVICE LO	n Rena	kio	.40	22.	NAME AF	ID ADORE	ssMftc	heïl-Wiede	efeld H	ome	
_	Dennis Stephen		M006						ltimore, i			<u></u>
	23. PART I. Enter the disease, or can shock, or heart fellure.	omplications that List only one cau	se on each lin	leeth. Do i le.	not enter	the mo	de of dy	ing, auch	as cardlec or i	eapiratory a	erreat,	Approximate Interval Between
İ	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	SQUA	m025	(127	, ,	162	CIN	en	A - 1	1201/	_	Onset and Death
ĺ	resulting in deathy	OUE TO	OR AS A CONSE	EQUENCE O	F):	10				.0100		1/105
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	EOUENCE O	F):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury											
Ħ	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):							
Ë		1										
	PART II. Other significent condition	s contributing to	death but not	reculting	In the un	derlyln	g ceuee	given in F	Pert I. 24s. WA	S AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
EDICAL	Yerreno 8	LURON	c CAY	2010	VAS	sc.	07	5 -		S 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ	Hypensons	02							_			1 - YES 2 - NO
AN	25, WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	EATH /Cha	ck only one)			
WORCIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER	₹:	Liz		Other (Specify	)		
AL I	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF (Month, Di		28b. TIM		28c. INJ WO	URY AT		28d. DESCRIBE H		CCUREO	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At h	ome, term,	atreet, tect		YES 2	NO	28t. LOCATION (S		per or Rural F	Route Number,
뛤	4 Homicide datermined	bullding,	ntc. (Specify)						City or Town,	State)		
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI											varent source
	29b. SIGNATURE AND TITLE OF CERTIFIER		arrenation and/o	Investigano	n, in my o	pinion, d						) and manner as stated.
O BE	Up or	A	DH	pus	6	2	29c. LIC	Z8	8/2			(Month, Day, Year) 3, 1994
임	30. NAME AND ADDRESS OF PERSON WHO					ron	Μ/Λ	land 0	1204			
	Vincent A. DiPietr			ire i	IUW	isuli,	MAT'Y	idii Z	1404			
	AUG 0 8 1994 Jah	82. REGISTRA	ardall		-							



AUG 0 8 1994

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH GEORGEL. BUTLER August # 17:12 1994 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 09/22/1940 DAYS HOURS 1 X M 2 | F 220-36-1286 53 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH DIRECTOR LINION MEMORIAL HOSPITAL BALTIMORE CII RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2059 Druid Park Drive 21211 U.S.A. leath, Page 6 may be retained by the hospital or attending physician, funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Security Guard Tire Manufacturing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Joseph Hugh Butler 8 Mary E. Baker notified 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21211 19a. INFORMANT'S NAME (Type/Print) 2 William Walker 2024 Druid Park Drive, Baltimore, Maryland pe 20s. METHOD OF DISPOSITION
1 (X Burlet 2 | Crementon 3 | Removal from Stale
4 | Donetion 5 | Other (Specify) nours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Camelery, cremetory or other place)
St. Mary's Cemetery 8/8 Baltimore, Maryland 21. SIGNATURE OF HUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 21211 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. filled in by the fi 3631 Falls Road, Baltimore Maryland medical Approximata intarvai Batween IMMEDIATE CAUSE (Final completely filler Onset and Death the disease or condition Cardio genic sh DUE TO (OR AS A CONSEQUENCE OF): Shock event. resulting in dasth) 45 min DIVISION OF VITAL RECORDS, P.O. BOX 68760 and corr 45 min Acute Myocardial traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disesse or injury attending phy-DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 the atter PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 30 PERFORMEO? any Diabetus Mellitus, Obesity signed t 1 YES 2 NO Shows 1 TES 2 NO been to 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \precedent \) NO \( \precedent PHYSICIAN: has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate I HOSPITAL:
1 | Inpallent 2 | ER/Oulpatient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED with ( marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BΥ DIRECTOR: After the hours after death v 2 Accident 28s. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 40 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 28 4 Homicide tem Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE August 4,1994 1001 M.D Jours &C AT 2438940 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Samara Waiel Union Memorial Hospital PREGISTRANS SIGNATURE 31. DATE FILED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flow of the flower of

	Item12 8	3-11-94	FilmG714	W.H.per	F/H							01.	2	2996.
	Item	20c 8-8	8-94 FilmG	714 W.H.	Per F/H							74	6	2770.
	FOR STATE REGISTRAR		STATE OF !		/ DEPAR					MENT	TAL HYGIEN			
	1. OECEDENT'S NAME (First, M.	iddie, Last)	·	· · · ·							TE OF DEATH		WE 4.5	3. TIME OF DEATN
	Larkin H.	Boug								Aug		4, 19	94	M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	(M	TE OF BIRTH onth, Day, Year)		Count	
	217-24-7806  90. FACILITY NAME (If not institute)	hutton min at	150	65	YRS.			OR LOCATION		_	ril 6,	1929		ryland
Œ	6716 Dogwood								ON OF DE	EAIN			NTY OF D	
5	RESIDENCE OF DECE	DENT						lawn				] Ba	altir	nore
FUNERAL DIRECTOR		0b. COUNTY			10c. CIT	Y, TOWN OR								10d. INSIDE CITY LIMITS?
2	Maryland 100. STREET AND NUMBER	Balt	imore			Wood	_	WIN ZIP CODE				T.0. 017		1 YES 2 NO
ERA	6716 Do	boowood	Road				101		207			iog. Cit		WHAT COUNTRY?
NO I	11. MARITAL STATUS	Jewood	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT O	F HISPAN	IIC ORI	GIN? (Specify Ye	s or No-	U.S.	• A • E — American Indian, k, White, etc.
BY F	1 Never Married 2 XMs 3 Widowed 4 Divorce		FORCES? 1	YES 2	<b>P</b> NO	lf.	yes, sp	ecify Cubs	n, Mexica	n, Puer	to Rican, atc.)		Speci	
			`Kor	Y			_							White
	(Specify only hi		completed)		Give kind of life. Do NOT u	work done du			g		16b. KIND OF BL	ISINESS/INI	DUSTRY	
립	10th Grade	"	College (1-4 or 5		Self-	Employ	ved			lı	Howard	A111m	inium	n Products
COMPLETED	17. FATNER'S NAME (First, Middle	lle, Last)						18. MOTI	NER'S NA		st, Middle, Meider			1 1 1 Odde C B
BE (	Larkin H. B		n, Sr.								Mae Co			
6	Mrs. Bernice		au ah au								umber, City or Tox			
	20s. METNOD OF DISPOSITION		ougnan	000 01 0	0/10				Ва		imore,		21207	
	t 🛱 Burisi 2 □ Cremation 4 □ Donation 5 □ Other (Sp	3 🗆 Remo		cemetery	cremetory or o	ther place)  Memo	oria	al Pa		8	/8 Lak	esvill Vic	e, MD	om. Park
	21. SIGNATURE OF FUNERAL S	SERVICE LICE	m Q	nke	10	Lo	ring	Bye	rs 1	Fune	eral Di	recto	ors,	Inc.
	23. PART i. Enter the dise	ASSER OF CO	emplications the	t caused the	death Do	872	28 ]	liber	ty I	Road	d Rand	allst	own,	
	ehock, or hear IMMEDIATE CAUSE (Final	rt fellure. L	iet only one ceu	use on each i	ine.	iot emer ti	110 1110	de or dy	ing, suc		ardiac or reap	metory ar	reat,	Approximata interval Between Onset and Death
	disease or condition resulting in death)		Carcino	us of 1	une c	ne last	osis	to b	vai					Onset and Death
			DUE TO	(OR AS A)CON	SEOUENCE O	F):								
NO	Sequentially list condition	a, f	OUE 70	(OR AS A CON	SECULENCE O	D.								
TIFICATION	if any, leading to immedia cause. Entar UNDERLYING	a	30E 10	TON AS A CON	SECUENCE U	r):								
Ħ	CAUSE (Disease or Injury that initiated events	1	DUE TO	(OR AS A CON	SEOUENCE O	F):								
CERT	resulting in death) LAST	d												
	PART il. Other significant	condition	contributing to	deeth but no	ot recuiting	in the und	ieriying	cause g	iven in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Pulmona	y ed	Le-i								PERFO			AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEC														DF OEATH?  1 YES 2 NO
ä	DID TOBACCO USE		IBUTE TO CA	USE OF D	EATH YE	S 🗆 N	0 [	UNC	ERTAI	v 🗆				
S	25. WAS CASE REFERRED TO M EXAMINER?		HOSPITAL:	26. PI	LACE OF DEA	OTHER:			-					
1YS	1 YES 2 NO 27. MANNER OF OEATH		1 Inpetient 2 28a. OATE OF		3 DOA	_		o 5 Re	sidence		ther (Specify) DESCRIBE NOW	IN HIEW OO	CHRED	
	1 Natural 5 Per	nding estigation	(Month, D			URY M	WO	RK7	NO.	200. 0	DESCRIBE NOW	INJURY OC	COMED	
ED BY	3 Suicids 8 Con	uld not be	28s. PLACE C	F INJURY — At atc. (Specify)	home, farm,	street, factor	ry, offic			281. L	OCATION (Street lity or Town, State	end Number	or Rural F	Poute Number,
ETE	4 Nomicide dete	ermined		(							aty or lown, State	,		
COMPLET			IAN: To the best of											
S	2 MEDICA		On the basis of s	xamination and/	or Investigation	en, in my opi	Inlon, d	eath occur	ed at the	time, d	late and placs, s	nd dus to th	ne csuse(s	s) and manner as stated.
BE (	296. SIGNATURE AND TITLE OF	CERTIFIER	1. 1					29c. LICE	NSE NUN		7	29d. DAT	E SIGNED	(Month, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER was

29c. LICENSE NUMBER 131 00

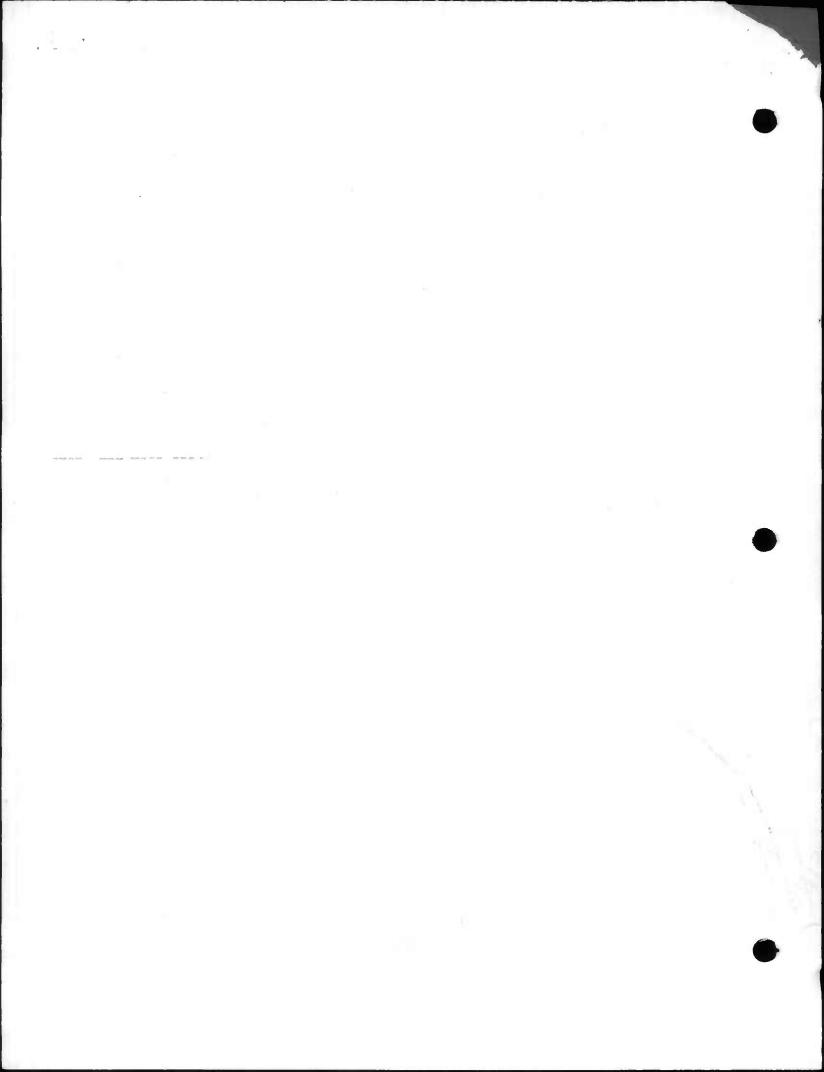
29d. DATE SJGNED (Month, Day, Your)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Herman 6410

31. DATE FILED (Month, Day, Year)

2

32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).					
	1. DECEDENT'S NAME (First, Middle, Last)  KATHERINE  M	ARIE	BRO			2. DATE OF DEATH		3. TIME OF DEATH 9:30 am				
	217-86-5517	□ M 2 × F 3	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BURTH	/59 <b>8.8</b> 1	PTNPLACE (State or Foreign sunity)  Marylan				
OR	9a. FACILITY NAME (If not institution, give stree Saint Joseph Hospita				OR LOCATION OF DE	ATN	9c. COUNTY O					
ב	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		100 017	Y, TOWN OR LOCA	71011							
DIRECTOR	Marvland Ba	lto.	100, 01	Balto.				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	7837 Wendover	Rd.		10	21234			S . A .				
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, s	CENDENT OF NISPAN pecify Cuban, Mexica 3 2 X NO Specify	14. RACE — American Indi Black, White, etc. Specify: White						
	15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY											
COMPLETED	(Specify only highest grade completed)    College (1-4 or 5 +)   College (1-4 or 5 +)     1   Homemaker   Own Home											
S	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maide						
BE	Alfred Singer Edna M. Berger											
5	190. INFORMANT'S NAME (Type/Print)  Mrs. Edna M. Singer  190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  3120 Mary Ave. 21214											
	20a. METHOD OF DISPOSITION 1   Burlel 2   Cremetton 3   Removal from State 4   Doneston 5   Other (Specify)   TOWS ON											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck , Inc. 5305 Harford Rd. 21214											
Ţ,	Monald Akak	wh.		5305	Harfor	'd Rd. 2'	1214					
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, ehock, or heart fellule. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  RESPIRATORY ARREST  DUE TO (OR AS A CONSEQUENCE OF):											
				•								
O	TRANSITIONAL CELL CANCER OF THE RENAL  DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING  PELVIS WITH METASTASIS											
CERTIFICATION	CAUSE (Disesse or Injury that Initiated eventa resulting in deeth) LAST											
L CE	PART II. Other significent conditions of	contributing to death but	not resulting	In the underlyir	g ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING				
EDICAL					N	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
Σ	DID TOBACCO USE CO	NTRIBUTE TO C	ALISE OF	DEATH Y	ES I NO			OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	ATTRIBUTE TO C	AUSE OI		LACE OF DEATH (Ch							
SIC	EXAMINER?	SPITAL:	ent 3 DOA	OTHER:	ne 5 Residence							
Ή	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIM	E OF 28c, IN	JURY AT	28d. DESCRIBE NOW	INJURY OCCURED	)				
ВУР	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆	YES 2 NO							
TED	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify)	· At home, ferm, :	street, factory, offi	00	281. LOCATION (Street City or Town, State	and Number or Ru	al Route Number,				
COMPLETE		N: To the best of my knowled										
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner ee stated.											
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mm / Dr	nL		542	880	≥ 8	NED (Month, Day, Year)				
	THOMAS B. SMYTH,	M.D., 7620 YO	RK RD.	TOWSON	N, MD. 212	04						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE									

Mon Wank

142880

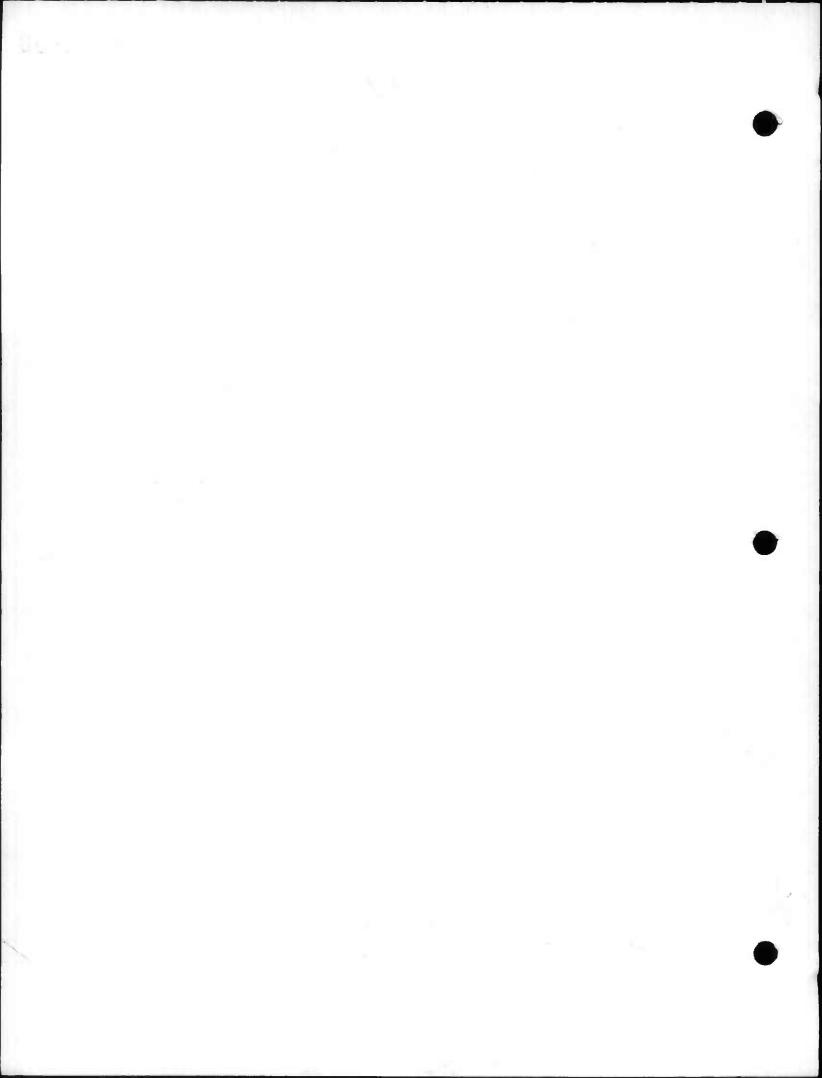
+2114

ži.

		FOR
1	_	STATE
		REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	EKIIFI	CALE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH												
	ANNA M. BIEMILLE						AUGL	JST	- 1	994	1:40 P.M		
	4. SOCIAL SECURITY HUMBER		AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE O	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
	213-26-1249	1 M 2 XF	92	YRS.		CANTO	MIN.	JUNE	17,	1902		RYLAND	
	9a. FACILITY HAME (If not institution, give s				9b. CITY,	TOWN O	R LOCATION OF DE	EATH		9c. COUN	TY OF DEA	тн	
E C	BON SECOUR EXTEN	DED CARE				EL	LICOTT C	ITY		HOWARD			
2	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v		100 CITY	TOWN OF	LOCAT	ION				Ĭ.	A MAINE AND	
DIRECTOR		TIMORE					ION					Id. INSIDE CITY LIMITS?	
רנ	MARYLAND BAL'		BALTIMORE 100. CF							YES 2 X NO			
FUNERAL	4218 KENSINGTON ROAD					21229				U.S.A.			
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES			RMED  13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yea or Ho— If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 XNO Specify:				14. RACE — Black, V Specify:	American Indian, White, atc.				
O	15, DECEDENT'S EDU		18e. DE	DECEDENT'S USUAL OCCUPATION					KIND OF BU	SINESS/INDI	JSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	ive kind of w Do NOT use	ork done du retired.)	rk done during most of working							
7	H/S GRAD	College (1-4 of 5 +)	но	HOMEMAKE					HOMEMAKING			•	
COMPLETED	17. FATHER'S HAME (First, Middle, Last)	<del></del>					18. MOTHER'S NA	ME (First, M.	iddle, Maiden	Surname)			
	FREDERICH KELLER						MARI	E FER	TIG	,			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Numbe	or, City or Tow	n, State, Zip	Code)		
2	MRS. DORIS B. SC	HOLTHOLT		4218	KENS	ENSINGTON RD., - BALTIMORE, MD. 21229						.229	
	20a METHOD OF DISPOSITIOH					OSITION (Name of DATE 20c. LOCATION — City or Town, State					, Stata		
	4 Donation 5 Other (Specify)	ioval from Stata	LORRA	INE P	ARK	CEMI	ETERY	8/9	woo	DLAWN			
	21. SIGNATURE OF FUHERAL SERVICE LIN	DENSEE //	1				D ADDRESS OF FA						
	1.65	M			4		RD FUNER		-			01000	
	23. PART I. Enter the diseases, or	complications that	caused the de	eth Do n			WILKENS					21229 Approximate	
	shock, or heart fellure.	List only one cause	on aech line				ao or aynig, oac		ac or reap	ratory orre	rat,	Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Possible Ace to Coron any Attack								Onset and Death				
	resulting in death)	a. DUE TO (	R AS A CONSE	OUENCE OF	17	001	10 000					minne	
-	_	pos	nh	110	2 75	6	a ron .	ery	64	ach			
CERTIFICATION	Sequentially list conditions,		R AS A CONSE							-		<del> </del>	
Ā	if any, leading to immediate cause. Enter UNDERLYING	2											
Ĭ	CAUSE (Disease or injury that initiated events	OUE TO (C	R AS A COHSE	OUENCE OF	):								
8	resulting in death) LAST	met mineral avails											
											_		
Ä	PART II. Other significant condition	na contributing to d	eeth but not	resulting in	the unc	ierlylng	ceuse given in	Part i.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
EDICAL	Gerevilies arterio men.							1 TYES 2 HO COMPLETION (			OMPLETION OF CAUSE F DEATH?		
Σ	1 YES 2 NO												
	DID TOBACCO USE	CONTRIBUTE	TO CAU	SE OF	DEAT								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one	)				
2	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Trursing Home 5 Residence 6 Other (Specify)												
PHY	27. MANHER OF DEATH  1 Netural 5 Pending	28a. DATE OF II (Month, Day		28b. TIME IHJU	JRY WORK?		28d. DESCRIBE HOW IHJURY OCCURED						
BY	2 Accident Investigation					M 1 YES 2 HO			281. LOCATION (Street and Number or Rural Route Number,				
9	3 Suicide 6 Could not be 4 Homicide determined	building, et	c. (Specify)	ome, term, si	reet, tacto	ry, offici			TION (Street of Town, State)		or Runal Rou	te Number,	
Ę	29a. CERTIFIER							<u> </u>					
COMPLETED	(Check only												
5	2 MEDICAL EXAMINE	ER: On the basis of axa	mination and/or	investigation	, In my op	ilnion, d	eath occured at the	time, data	and place, ar	d dua to the	cause(s) a	nd menner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUI			29d. DATE	SIGHED (N	fonth, Day, Year)	
Ñ I	Holens to hamorism										1.1		
O BE							000	176			151	94	
20	30. HAME AHD ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE								157	94	
20		O COMPLETED CAUSE	OF DEATH (ITE 5 FREDE							YLANI	2.	1228	



# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within services after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ICATE OI		REG. N	IU.					
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEA	ГН		
	ALFRED J. BRAS		MONTH 7	DAY 7	94	2:00	7\ M					
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			HPLACE (State or F	A		
	218-34-6942	M 2 □ F	58 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Count	ry)			
	9a. FACILITY NAME (If not institution, give street	at and number)	30	9h CITY TOWN	DR LOCATION OF DE	11-13-3	-	GERMANY COUNTY OF DEATH				
Œ						SAIN						
12	7734 WASHINGTON BLY	VD.		ELKR	IIGE		1	HOWAR	Ψ			
DIRECTOR	10e. STATE 10b. COUNTY		10c, CI1	Y, TOWN OR LOC	ATION				10d, INSIDE CIT	1		
片	MD HOWAI	RD	EL	KRIDGE					1 YES 2 X NO			
	10e. STREET AND NUMBER			11	of, ZIP CODE	<del></del>	TIZEN OF V	WHAT COUNTRY?				
2	7734 WASHINGTON			21227			USA					
FUNERAL		IN II S ADMED	12 WE D		HIC ORIGIN? (Specify							
	1 V Never Married 2 Married FORCES? 1 VES 2 N			If yes, i	n, Puerto Rican, etc.)	Blec	E — American Ind k, Whita, atc.	en,				
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR DR	DATES	1 U YE	S 2 X ND Specif	y:		Spec				
	15. DECEDENT'S EDUCA	TION	16e. DECEDENT'S	USUAL OCCUPAT	TION	16b, KIND OF I		WHITE				
ᇤ	(Specify only highest grade co	mpleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during researching re	nost of working							
립	12	contage (1-4 of 5+)	STOCK	CLERK		RETAIL SALES						
COMPLETED	17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid						
	JOHANN BRABAT				MONT	KA SZYNA	ZΔ					
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or		(ip Code)				
임	MICHAEL A. POOLE	(FRIEND)				RT, LAURE			0723			
	20a, METHOD OF DISPOSITION	201	h PLACEAND DATE	OF DISPOSITION /			LOCATION -					
- (4	1 Donation 6 Other (Specify) 19 52	ATE Removal	metery, crematory or o	other place)		58.12		ony or re	own, otera			
	1   Burial 2   Cremation 3   Remove Lirons State   Cometen, crematory or other place) 4   Donation 6   Other (Specify)   In SIAILE Remove Live   Cometen, crematory or other place) 21. SIGNATURE OF FUNERAL) SERVICE LICENSEED O. D. 2 1 d. U. 2 d. O. D. i. w.   22. NAME AND ADDRESS OF FACILITY   C. T. A. T.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEER On ald, Wade, Dir 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 655 W. BALTIMOREST, BALTO, MD 21201.											
	Manchel!	Mase	<u></u>						21201			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.											
	disease or condition											
		1 1900	prope N	on Jane	J()ŒU	(Man)	an	monu	K.			
	resulting in death)	DUE TO JOR AS	A CONSEDUENCE C	on June	L Cell	Cuny (	arc	mons	V.			
N	resulting in death)	DUE TO JOR AS	A CONSEDUENCE C	on Jam	LOCELLO	(Lung (	arc	your				
TION	s.  Sequentially list conditions, if any, leading to immediate		A CONSEDUENCE O		LOCELO	(ung	arc	Mond	K.			
ICATION	resulting in death) a.  Sequentially list conditions, b.	DUE TO (OR AS	A CONSEDUENCE C	F):	JOCELO	(ling (	are	Mond	K.			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfiled at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF				MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		02	TOATE	OI DE		2. DATE OF DEATH			. TIME OF DEATH		
	Theodore	W Childe					MONTH DAY	. , ,	YEAR 194	81112		
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1	YEAR IF UNC	DER 24 HRS.	7. DATE OF BIRTH	-/-/	1//	LACE (State or Foreign		
	212 60 9605	¹¼™2□F 42	YRS,	MONTHS	DAYS HOURS		(Morith, Day, Year) 05/06/19	52	Country)			
	9a. FACILITY NAME (If not institution, give st			DE CITY T	OWN OR LOCA	TION OF DE			TY OF DEA	yland		
œ			2				n'''	SC. COUN	IIY OF DEA	M H		
읽	Union Memoria	al Hospita	1	Bal	timor	e						
Ĭ	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				1	Od. INSIDE CITY		
<u> </u>	Maryland		Ва	ltimo	ore					LIMITS?		
ا پر	10e. STREET AND NUMBER				10f. ZIP CC	ODE		10g. CITU		AT COUNTRY?		
	3632 Elm Avenue 21211 U.S.A.											
FUNERAL DIRECTOR	11. MARITAL STATUS	13. WA			IC ORIGIN? (Specify Yea							
	1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 TO 100	Hr.)	res, specify Cu	ban, Mexican	, Puerto Rican, etc.)			- American Indian, White, etc.		
<u>6</u>	3 Widowed 4 Divorced	n real are will on be	A. E. S	''	YES XXN	о зресну.			Specify:	White		
입	15. DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BUS	F BUSINESS/INDUSTRY				
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done dui se retired.)	ring most of wo	rking						
릴	11		Super	visor	^		Noxel	1				
COMPLETED BY	17. FATHER'S NAME (First, Middle, Lest)		DUPCI	Supervisor Noxell  18. MOTHER'S NAME (First, Middle, Maiden Surnem						10)		
	Theodore R. C	hilde .Tr			r							
BE	19a. INFORMANT'S NAME (Type/Print)	UL.		AODRESS /	Street and Num	ber or Rumi A	cca J. Sh	State 7/n		24.24.6		
일	Mrs. Rebecca Ch	ilde								21211 Maryland		
- 1	20a. METHOD OF DISPOSITION		PLACE AND DATE			II_AVE	OATE 20c. LOC					
	1 Seurial 2 Cremation 3 Ramo	oval from State cen	netery, cremetory or o	other place)	ck Cor	motor	y8/5 Woo	Alar	arn I	Narvland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	OLLAIN		ME AND AGO			ulav	W11, 1	Maryrand		
		0	X/	1			ss Funer	al F	Home	21211		
	Mam	Jurale	Henss	/   :	3631 1	Falls	Road, B	alti	imor	e. Maryla		
	23. PART I. Enter ble diseases, or c shock, or heart fellurs. I IMMEDIATE CAUSE (Finel disease or condition rasulting in death)	a. Sey	S,S					atory arr		Approximate interval Between Onset and Death		
		DUE TO (OR AS A	CONSEQUENCE O	HF):	,					1		
5	Sequentially list conditions,		(1 TVC)	m						24 0049		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	If any, leading to immediate										
2	CAUSE (Disease Dr Injury that initiated evente	OUE TO (OR AS (	CONSEQUENCE O	wat DI	471					8		
Ē	reaulting in death) LAST			,,								
										-		
EDICAL	PART II. Other algnificant conditions contributing to death but not recuiting in the underlying cause given in Part i. PERFORI 1 VES 2.							MED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?		
Σ	DID TOPACCO LICE CONTRIBUTE TO CALLET OF DEATH MEG TO NO									TYES 2 NO		
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO K											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	28. PLACE OF	DEATN (Che	ck only one)					
2	1 TYES 2 NO	1 Inpetient 2 ER/Outp	etlent 3 🗆 DOA	OTHER:	g Nome 5 🗆	Rasidence	8 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Djay, Yejar)	28b. TIM	E OF 21	Bc. INJURY AT WORK?		28d. DESCRIBE HOW IN	JURY OCC	URED			
- 1	1 Natural 5 Pending 2 Accident Investigation	7/5/5	<del>/-</del>   ""				m toulson					
2	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	- At home, farm,	street, factory	y, office	-	281. LOCATION (Street a	(Street and Number or Rural Route Number,				
COMPLETED	4 Homicide determined	sunding, etc. (Spec	1 Wood				City or Town, State)					
֚֓֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֟֟֓֓֓֟֟֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֓֟֟	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of my know	ledge death assure	ad at the time	. data and ala							
2		CIAN: To the best of my know R: On the beels of exemination										
3	7.7		. Show of investigation	, my opn	Usath oci	ured at the 1	mire, usus and place, and	aue 10 th	a canse(s) s	manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	2 /2 /	20		29° L	ICENSE NUM	BER (201//	29d. DATE	SIGNEO (A	Aonth, Day, Year)		
5	11-00/001	ave p	111		177	04	20144	D ()	yes	1 1994		
-	30. NAME AND ADORESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATN (ITEM 27) (Type	Print)	1		20 - 0		0)			
	2/02/19	und Ct	Har	Um	rober	7	12 de	0 8	3 4			
	31. DATE FILED (Mortin, Day, Year)	REGISTRANIS SIGN	Raball									

Harach E. T. Philadell